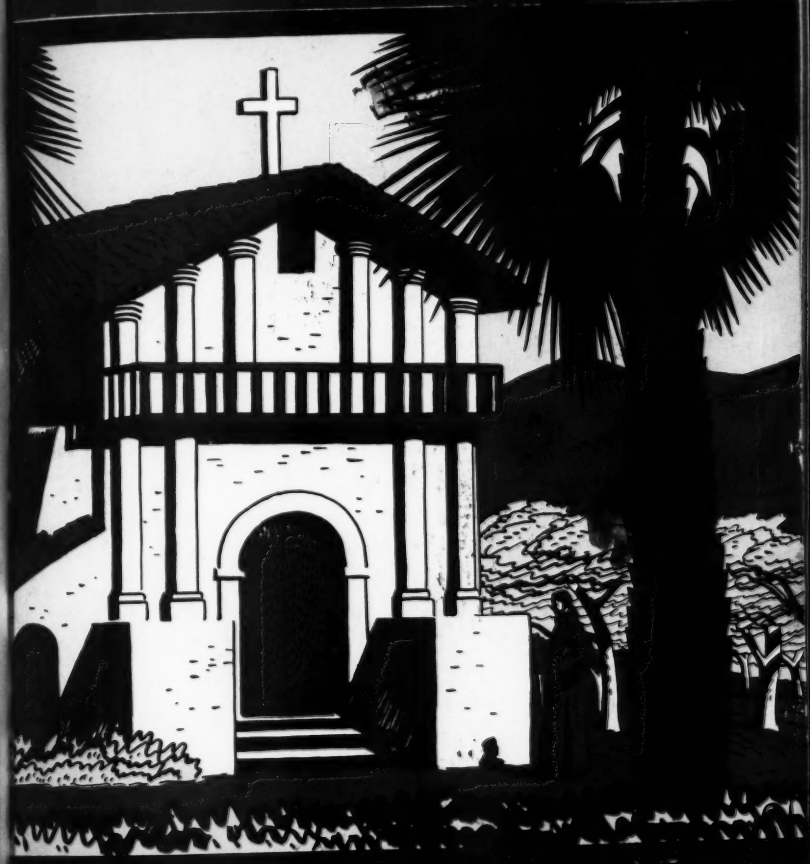
ORAL HYGIENE



SAN FRANCISCO

AMERICAN DENTAL ASSOCIATION CONVENTION

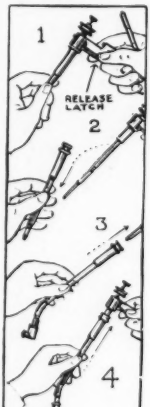
THERE is no wear on the bur chuck of the handpiece when the

Sani-Terry

CONTRA-ANGLE

is used

Two small lugs on the end of the spindle engage the drive collar of the Sani-Terry Contra-Angle and supply its motive power. There is no connection with the bur chuck of the handpiece.



PRESTO! CHANGE!

The change from handpiece sheath to contra-angle sheath is made in less time than it takes to tell it.

1. Release the latch.
2. Remove the handpiece sheath.
3. Slip the contra-angle into position.
4. It locks automatically.

The secure attachment of the Sani-Terry Contra-Angle to the frame of the handpiece gives a feeling of stability not possible with an angle fitted over the end of the sheath.

THE CLEVELAND DENTAL MFG. CO.
Cleveland, Ohio, U. S. A.

CLEV-DENT

STERILIZED THROAT PACKS

• Here's another new J & J Dental Specialty—which has won wide professional approval. Made of soft, absorbent surgical gauze and cotton, size 4" x 8". One size only, adaptable to all patients. Can be folded, rolled or wadded into any shape. String allows instant withdrawal. Machine-made, uniform, inexpensive. Sample sent on request. In boxes of 25, *Sterilized after packaging,* per box: **95c**

ALSO PACKED, Non-Sterile, in boxes of 100; per box, $3.25

ORDER FROM YOUR DEALER

Johnson & Johnson

NEW BRUNSWICK, N. J. CHICAGO, ILL.

DENTAL DIVISION

NUMBER 177

The Publisher's CORNER

By MASS

■ Quite likely most CORNER-customers will agree that it is a Heaven-sent relief, a regular boon, when now and then this department presents some other fellow's word-weaving, with me just acting as a sort of Major Bowes.

A while ago I had the impulse to change the CORNER's pace that way when visiting Doctor Paul Stillman who, during the course of the afternoon, unearthed some of his unpublished poetry—poetry that Paul has written from time to time over a long period of years, just to express something that welled up inside him; he had no thought of publishing his verse and never did anything about it; the manuscripts I borrowed from him that day are yellowed by age.

They present one of dentistry's most distinguished men in a new light, reveal a facet of his character of which perhaps only a few of his countless friends are aware, show a depth of human understanding which naturally never has been disclosed by any of his technical and scientific contributions to dental literature.

There's room for only a little bit of it this month; some time soon I'll print some more of his poems. I think I like this one best of those he gave me:

THE PATHWAY

Evening descends on the harbor,
And the blazing day is dead.
Evening descends on the harbor,
Now the flaming sun has sped;
Yet he left some flickering embers
Which lend to the sky, still bright,
Beautiful pastel colors
To herald the coming night.

Darkness broods in the harbor.
The West has an ashen haze;
A sign of unsettled weather
Portending some stormy days.
A breeze blows out of the stillness
And ripples the brooding deep;
The ships which ride at anchor
Seem restless in their sleep.

Then the blocks in their rigging rattle
And the halyards slap the mast;
Up heading, like so many cattle
Alarmed, at some danger cast.
My conscience speaks sadly and gloomy,
Thoughts which the day has defied;
And my soul, like a ghost in the darkness,
Can its body no longer abide.

Then a soft light attracts my attention
And from the rim of the heavenly bowl
Comes the moon, as if lighting a desert;
And comfort returns to my soul.
For she's built me a pathway of silver
And I vision His walk on the sea;
My soul is content in the moonlight,
For darkness has now gone from me.

And there's a happy lilt in this one, *My Rendezvous*, that is going to appeal, I think, even to those CORNER-customers whose interest in fishing is, like my own, chiefly confined to the skillet:

There's a fragrance in the breezes
And the pussy willows blow
Little flecks like thistledown so light and gay;
And he lies there in the river
A certain trout I know,
With whom I have a rendezvous today.

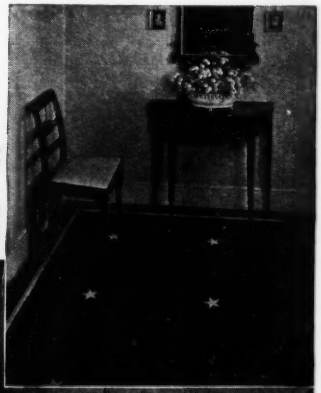
There's a glow of coming sunshine
In the color of the skies,
There is sap in all the branches of the trees;
And there's fever in my pulses
As I take my book of flies,
The rod and reel and leaders on my knees.

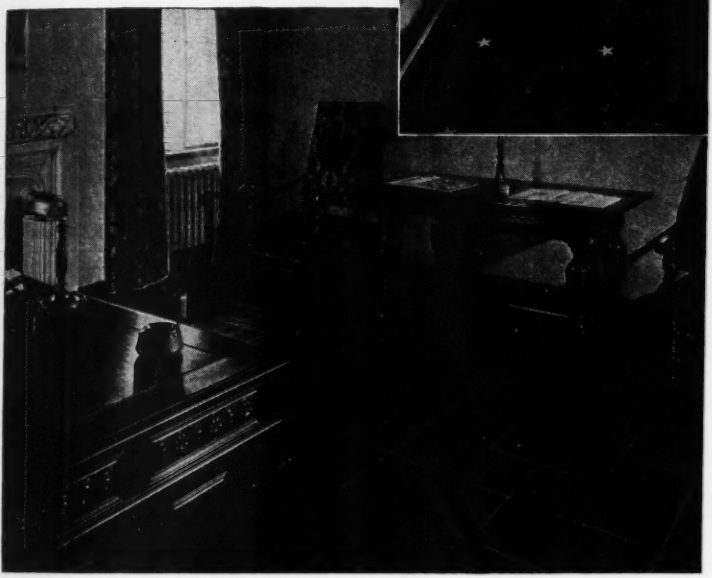
Shall I cast a Royal Coachman,
Silver Doctor or a Belle,
Or the best of all the killers Montreal;
Will it light upon the water
As an insect from the dell—
Can I lure him? Will he answer to my call?

The approach it must be cautious
Noting carefully the sun,
For shadows and vibration oft' affright;
If he's eager for the duel,
Keen to make his strike and run,
We'll have him in a skillet by tonight.

For it's Spring along the brookside
And the dogtooth violets grow
In profusion on the bank along the way;
Fontinalis will be restless,
I must hurry, I must go;
Oh! I have a happy rendezvous today!

An office as modern as your **dental equipment!**





A dentist's office should convey to his patients an atmosphere of cleanliness, efficiency, and up-to-the-minute smartness.

This valuable effect is inexpensively accomplished with Sealex Floors and Wall-Coverings. Even designed-to-order interiors, like those illustrated, can be obtained at really moderate cost.

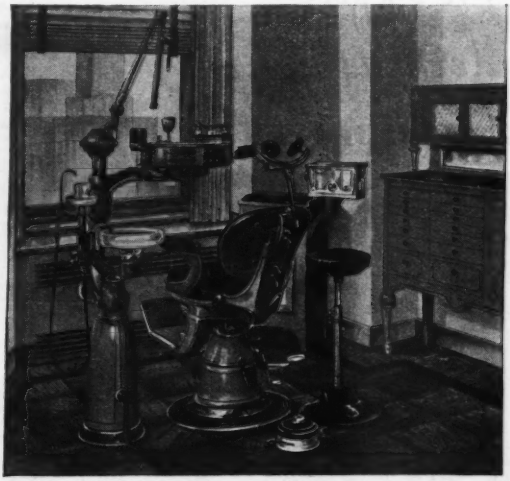
Sealex materials provide a permanent surface—one that is quiet, easy to clean and inexpensive to maintain.

Offices can be modernized with Sealex Floors and Walls with practically no sacrifice of office time. Installed by authorized distributors, these materials carry a guaranty bond covering the full value of materials and workmanship. Write for full details.

CONGOLEUM-NAIRN INC., KEARNY, N. J.

SEALEX *Linoleum Floors and Wall-Coverings*

Trademark Registered



The Popular

S. S. WHITE EQUIPMENT UNIT 61D

and

DIAMOND CHAIR No. 3

Dealers who sell S. S. White Equipment are located in almost every principal city of the world, thus there is an S. S. White service everywhere. At any of these depots S. S. White Units will be demonstrated gladly and the terms explained without incurring any obligation on your part.

The S. S. White Unit 61 D brings the instruments and accessories close to the field of operation—no reaching across the patient, a turn of the wrist will put the needed instrument in your hand.

A new self-adjusting backrest adds to the comfort of the form fitting Diamond Chair and improved friction wedge-locks with an ingenious handle arrangement greatly simplify adjustments of the headrest, backrest and rocking back.

Choice of finishes—Black, Mahogany, Cream White, Snow White, Pearl Gray, Neptune Green and Ivory Tan—at same price. Convenient terms are available and the services of our office planning experts are free.

THE S.S. WHITE DENTAL MFG. CO., 211 So. 12th Street, Philadelphia, Pa.

TAKAMINE

THE TOOTHBRUSH WITH EVERY FEATURE YOU RECOMMEND

AT A PRICE THE USER CAN AFFORD

SIDE VIEW DE LUXE MODEL

7¢ EACH

10¢ EACH

9¢ EACH

CHECK THESE FEATURES

- ★ FINEST QUALITY BRISTLES
- ★ RIGID STRAIGHT HANDLE
- ★ SCIENTIFICALLY SPACED TUFTS
- ★ APPROVED SMALL HEAD
- ★ PROPERLY CUT FOR INTERDENTAL BRUSHING
- ★ LOW COST ALLOWS FREQUENT RENEWAL
- ★ EASILY STERILIZED

Will last as long as any other excellent toothbrush regardless of cost. 3 types to suit every prescription for brushing and massaging. Please instruct your patients to beware of imitations!

SEND COUPON!

TAKAMINE CORP.
132 Front Street, New York City

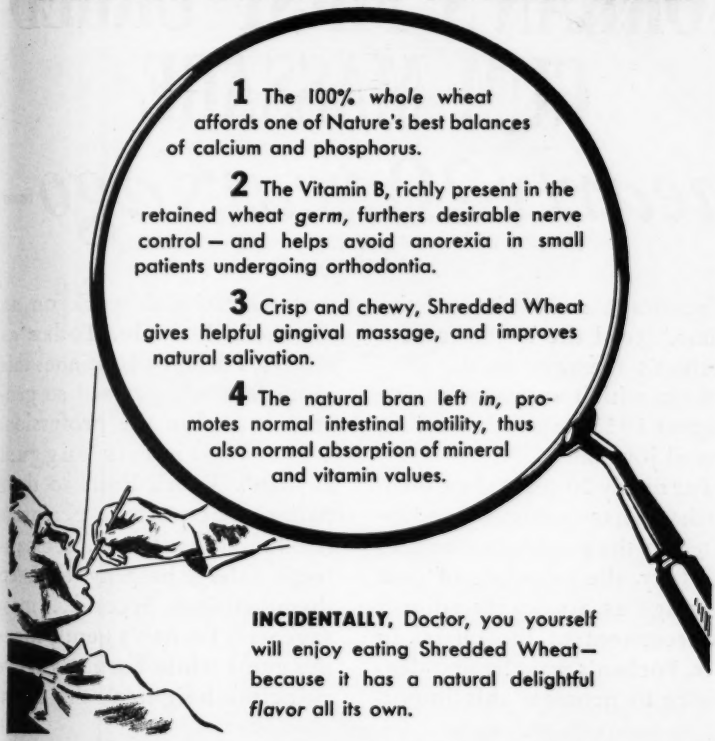
Enclosed remittance (or C.O.D.) to cover my order for .....TAKAMINE Toothbrushes as checked below.

( ) STANDARD at 7c ea.
( ) 3-ROW DE LUXE at 9c ea.
( ) 2-ROW DE LUXE at 10c ea.

DR. .....

ADDRESS .....

Patients' Teeth Reflect These Advantages When You Recommend Shredded Wheat



1 The 100% *whole* wheat affords one of Nature's best balances of calcium and phosphorus.

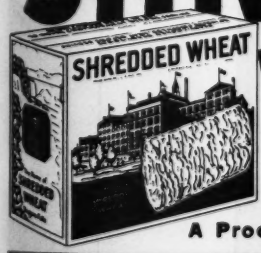
2 The Vitamin B, richly present in the retained wheat *germ*, furthers desirable nerve control — and helps avoid anorexia in small patients undergoing orthodontia.

3 Crisp and chewy, Shredded Wheat gives helpful gingival massage, and improves natural salivation.

4 The natural bran left *in*, promotes normal intestinal motility, thus also normal absorption of mineral and vitamin values.

INCIDENTALLY, Doctor, you yourself will enjoy eating Shredded Wheat—because it has a natural delightful *flavor* all its own.

SHREDDED WHEAT



Ask for the package showing the picture of Niagara Falls and the red N.B.C. Seal

A Product of NATIONAL BISCUIT COMPANY

FORHAN'S FIRST URGED GUM MASSAGE *nearly 20 years ago-*

"Encourage massaging of the gums," read the headline of a Forhan's message to the profession which appeared in the August 1917 issue of a leading dental journal.

For nearly 20 years since then, Forhan's has consistently advocated to the profession, and to the laity, the principle of gum massage as a valuable adjunct to treatment at the chair. In fact, Forhan's was the first dentifrice to promote this important educational work on an appreciable scale. Today, as always, Forhan's continues this pioneer work, praised so generously within the profession.

Many dentists suggest Forhan's Tooth Paste to their patients because it performs two functions. First... it cleans teeth safely, helping to keep them brilliant. Second... massage with Forhan's gently tones the gums while Forhan's active principle heightens the effect.

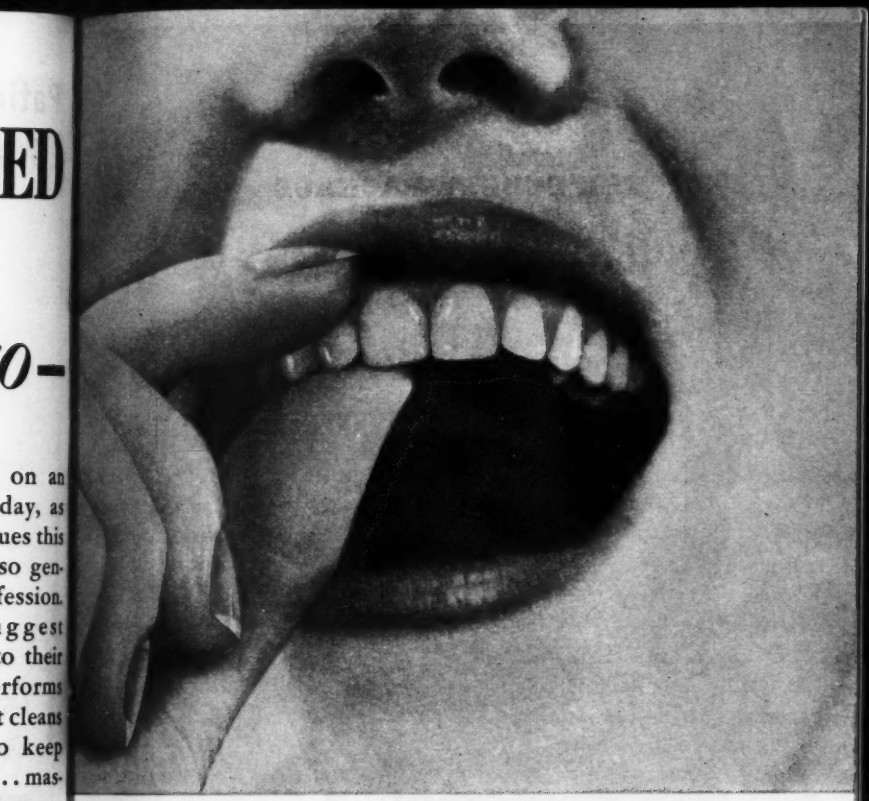
The Original Toothpaste for

MASSAGING GUMS

and

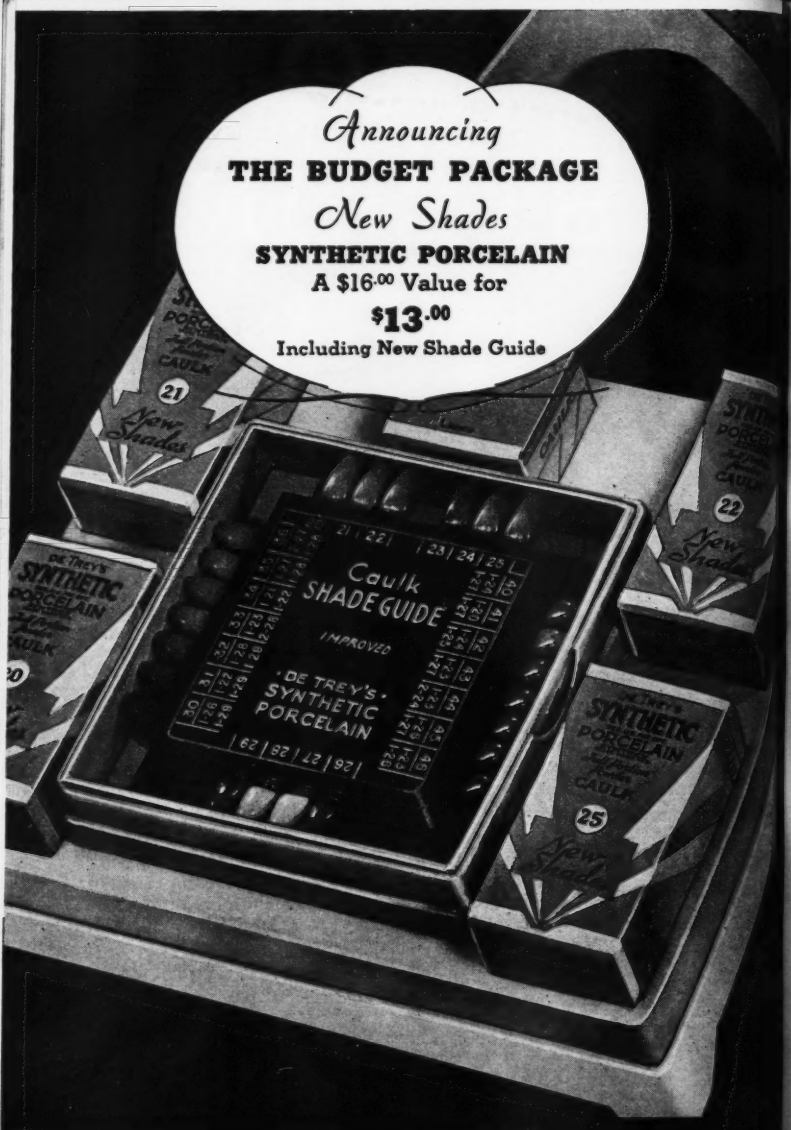
CLEANSING TEETH

Formula of R. J. Forhan, D. D. S.



FORHAN'S ASTRINGENT

This efficient preparation (the active principle of Forhan's Tooth Paste) has been used for many years by leading dentists in the treatment of many forms of gum decline, from mild cases to the more severe. The formula, like that of Forhan's Tooth Paste, is by R. J. Forhan, D.D.S., and has brought to us many complimentary letters from the profession. Sample on request, Forhan Co., Inc., Chrysler Bldg., N. Y. City.



This is the package dentists demanded—an introductory outfit containing the four most popular colors of New Shades Synthetic Porcelain and the new Caulk Shade Guide—at a price which means real economy.

On a post card addressed to Caulk, Milford, Delaware, say, "Tell me all about your NewBudget Package."

AFTER EXTRACTIONS

LISTERINE

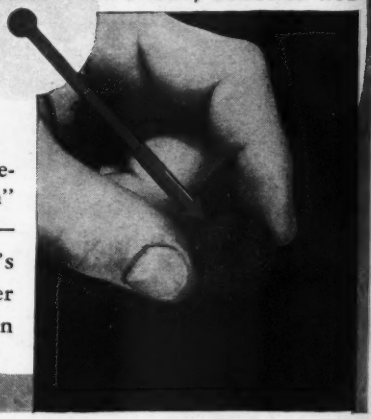
Tested and Approved
4602
Good Housekeeping Bureau
GOOD HOUSEKEEPING MAGAZINE

1. ANTISEPTIC
2. HEALING
3. SAFE
4. PENETRATING

SPECTACULAR

NEW *thin* SEPARATING DISC

LOOK FOR THE DISC WITH THE REINFORCED, COLORED HUB



ANOTHER MILLER ACHIEVEMENT

The first stones and points developed to reduce "heat pain" to a minimum were Millers's—also the first Truer. Miller's Electric Handpiece was another great step forward in modern dentistry.

NOW . . . THE *Thinnest* SEPARATING DISC

Something every dentist has wanted —a thinner separating disc. Miller's new Disc measures only .018 thick, yet is stronger and far ahead of all others in dependable performance.

POINTS OF SUPERIORITY

- Thinner
- Stronger
- Faster Cutting
- Longer Lasting
- More economical
- Packed in boxes of 12 or 100

CHICAGO WHEEL & MFG. CO.

"Serving the Dental Profession Since 1898"

105 S. ABERDEEN ST. • CHICAGO, ILL.

2 DISCS FREE . . . Send Coupon to Your Dealer Today

Please send me without charge 2 new thin Miller Separating Discs, with the reinforced colored hubs.

Name.....

Street.....

City..... *State*.....

THIS KIT

containing one CALSODENT BRUSH (retail price 50 cents)

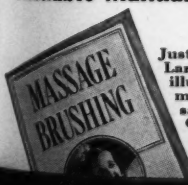
Complete Equipment for MASSAGE BRUSHING

CALSODENT brush in this kit is ideal massage-brushing tool. Bristles are choice, base-end cut Chungking boar . . . keep resilience when wet . . . last longer . . . are arranged in tufts spaced for broadside stiffness necessary to massage brushing.

Everything you need for chair treatments and instruction of massage brushing is packed in this handy kit, priced at but 15 cents to the profession only! Kit consists of one Calsodent Brush regularly selling for 50 cents; two packets of Calsodent; 12-page handbook on massage brushing; plain carton. Send coupon today for your supply of kits.

ONLY 15 CENTS

Valuable Manual FREE



Just off the press! Large, completely illustrated 20-page manual of Massage Brushing. Clear, concise, pertinent. Check coupon for your copy.

THE CALSODENT CO. OH-4-36
315 Fifth Ave., New York

Send me FREE OF CHARGE your new 20-page manual of Massage Brushing.

Also send me..... professional kits at your special price to dentists of 15 cents each. Each kit is to contain a regular 50 cent Calsodent Brush with imported, base-end cut Chungking bristles.

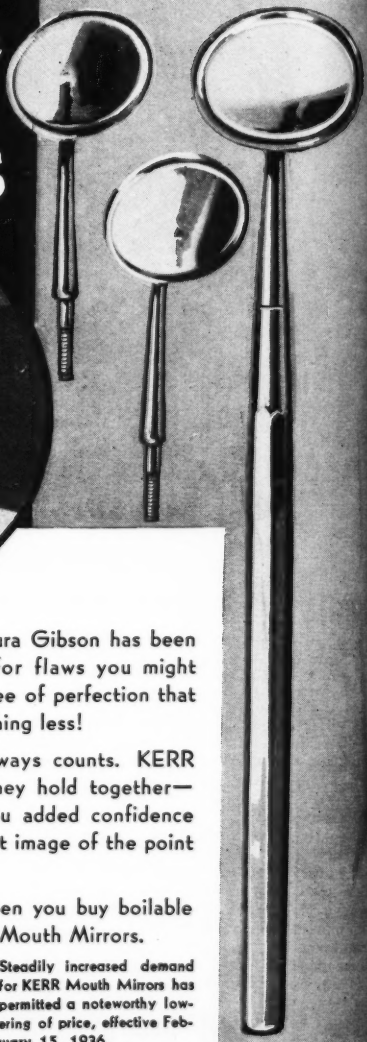
☐ Check enclosed. ☐ Send C.O.D.

Name .....D.D.S.

Address .....

City ..... State.....

Differences in MOUTH MIRRORS



For almost a quarter-century, Laura Gibson has been searching Kerr Mouth Mirrors for flaws you might never see. Only the highest degree of perfection that is humanly possible will pass. Nothing less!

In Dental equipment, quality always counts. KERR Mouth Mirrors resist abuse. They hold together—boilable, of course! They give you added confidence that comes only from a clear, bright image of the point where you are at work.

Look for the hall-mark KERR, when you buy boilable Mouth Mirrors.

KERR

REG. U.S. PAT. OFF.

Steadily increased demand for KERR Mouth Mirrors has permitted a noteworthy lowering of price, effective February 15, 1936.

DETROIT DENTAL MFG. CO.

MOUTH MIRRORS

THE GIGANTIC LITTLE BOTTLE

. . . . . what did ORAL HYGIENE do about it? . . .

What did Oral Hygiene do about DENTISTRY'S GIGANTIC LITTLE BOTTLE?

Aladdin rubbed a lamp. Plenty happened! The newspapers rubbed a bottle—with printers' ink. Plenty happened!

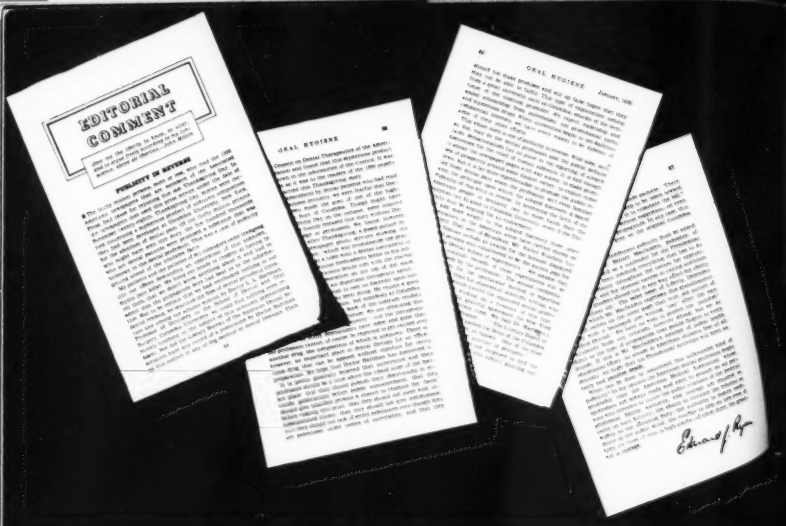
On Thanksgiving, newspapers discovered Doctor Hartman's desensitizer—made it dentistry's Gigantic Little Bottle before dentists themselves knew what was in it.

January 21, the doctor disclosed his formula. Patients stormed dentists for a boon few knew how to use properly.

Press, public and profession were first expectant, then elated, then bewildered.

What did Oral Hygiene Publications do about dentistry's biggest news?

Herewith the facts....in pictures and brief text.



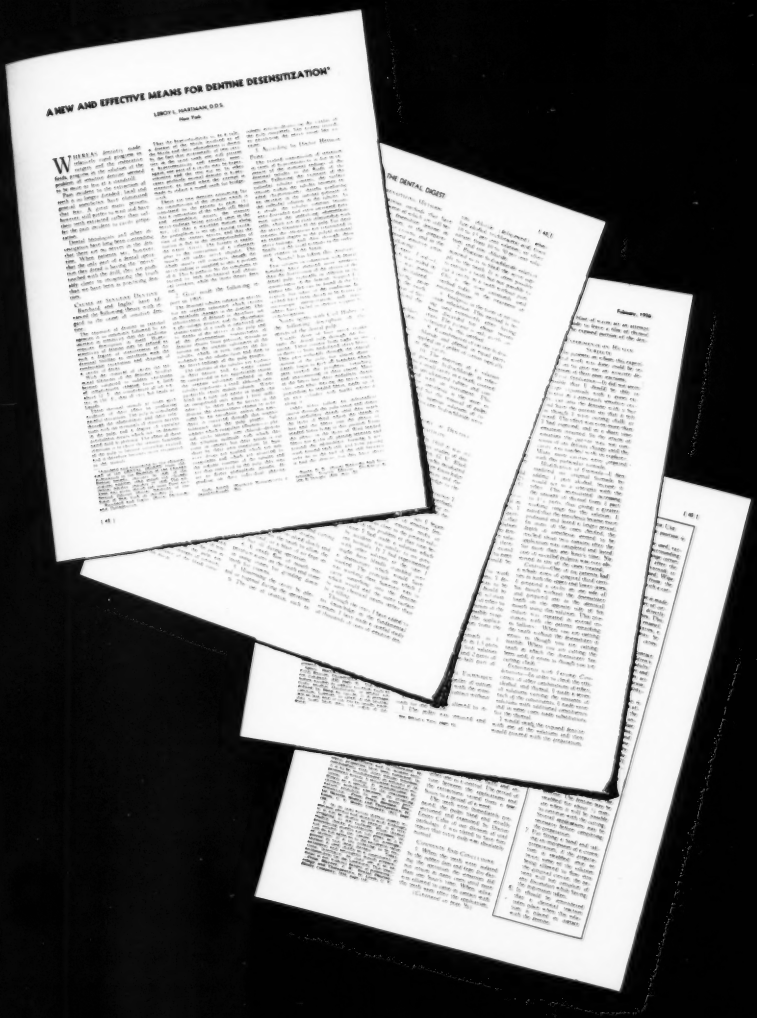
First to Speak Up

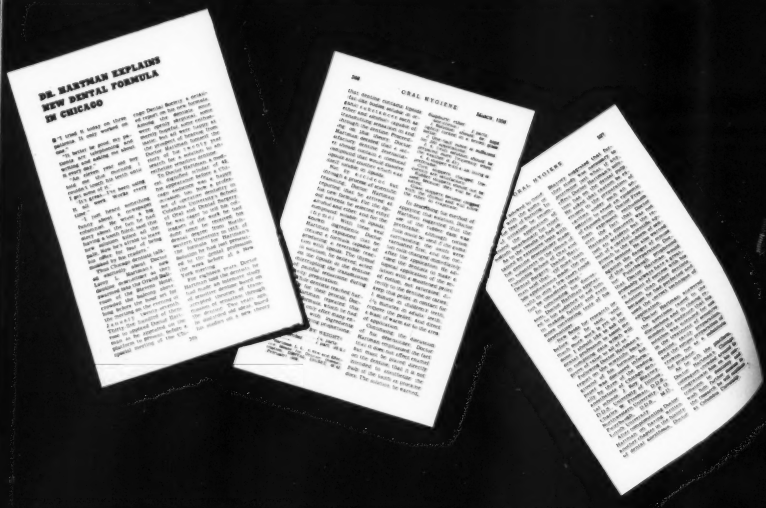
January ORAL HYGIENE closed 2 days after the Thanksgiving news broke. It carried a 4 page editorial denouncing Columbia University's premature publicity which put dentists on the spot with patients. It cast no discredit upon Doctor Hartman, but pulled no punches in condemning Columbia's tactics. ORAL HYGIENE was the first nationally circulated paper to speak up, to go into details, and name names.

First to Tell Technic

ORAL HYGIENE'S publication *The Dental Digest* closed its February issue a few days after Doctor Hartman finally announced formula and technic. It carried the doctor's own explanation and technic—

abridged and annotated by *The Digest* staff—and an interpretive editorial. *The Dental Digest* was the first nationally circulated dental paper to give eager dentists Doctor Hartman's own story.





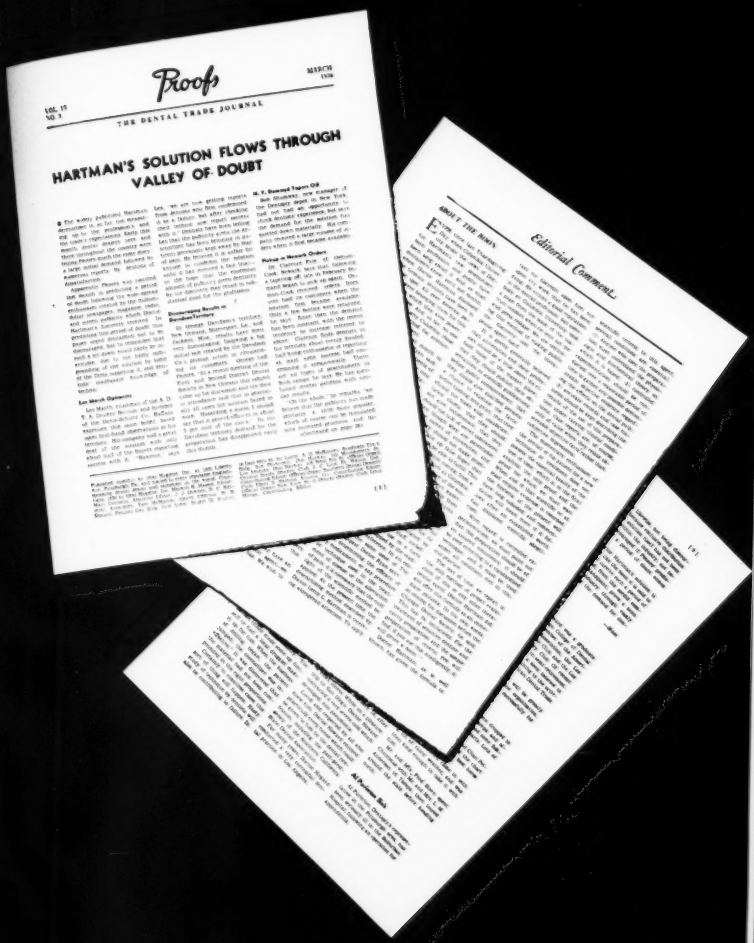
First to Present Human Side

ORAL HYGIENE closed its March issue 4 days after the doctor addressed the Chicago Dental Society, explaining formula and technic. It alone carried a description of this historic meeting and Doctor Hartman himself. This month (p. 479) a dentist intimately describes a case; another, (p. 506) as the magazine's Inquiring Reporter, interviews colleagues about The Bottle.

First to Analyze Trade Angles

ORAL HYGIENE'S magazine *Proofs,* The Dental Trade Journal, in February exhaustively analyzed the dental *trade's* role in the prevailing excitement. In March it printed last-minute interviews with

dental dealers, based on their first-hand observations in widely separated cities where the desensitizer has been bought and used. *Proofs* was the first and only paper to cover the trade phase comprehensively.



. . . . . the preceding pages

WHAT THEY MEAN TO YOU

What sort of genii are in dentistry's Gigantic Little Bottle? Good, kind genii who will build a great palace of prosperity for dentistry? Or bad genii who will dig bricks of public confidence from the foundation of dentistry's present structure?

ORAL HYGIENE doesn't know. Time will tell.

But ORAL HYGIENE does know—from long experience—that this sort of alert, enterprising editing builds eager readership—in which advertisers share.

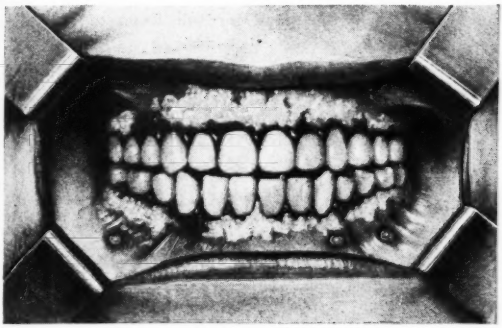
For the more eagerly, the more attentively a magazine is read, the more times your advertisement is likely to be exposed to the reader's eye.

For long years good genii have been helping advertisers who rub space in Oral Hygiene Publications with printers' ink.

ORAL HYGIENE

The Journal of Dental Life

When Treating VINCENT'S ANGINA



Restrain Systemic Disease with

SAL HEPATICA

Sal Hepatica can obviate many systemic complications which occur so often with Vincent's Angina and other foci through (1) rapid and effective removal of intestinal waste (2) neutralization of acidity and maintenance of a normal alkaline level—an excellent offensive against disease.

In components, their ratio and action, Sal Hepatica approximates the famous natural saline waters. It makes an agreeable, effervescent drink.

Your sample of Sal Hepatica and literature sent upon receipt of coupon.

SAL HEPATICA CLEANS THE INTESTINAL TRACT AND COMBATS ACIDITY

COUPON

BRISTOL-MYERS CO., 19-B West 50th Street, New York, N. Y.

Please send clinical supply of Sal Hepatica and literature.

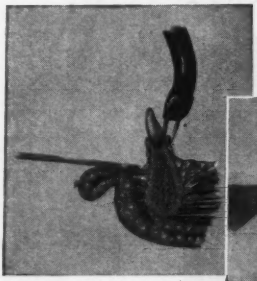
.....D.D.S.

(Please enclose card)

St. & No.....

City.....State.....

FOR THE MANAGEMENT OF PYORRHEA BY ELECTROCOAGULATION



Electrode points in contact with that portion of the gingival margin to be coagulated.

General Electric announces a fine, new instrument, clinically checked and approved, and primarily designed for utilization of the Webb technique

G-E MODEL "B" MICRO-SURGICAL UNIT

Complete with Webb electrode, foot switch, attachment cord and plug for operation on 115 volt, 50-60 cycle alternating current . . . **$155.00** f. o. b. Chicago

(Also arranged for other voltages and frequencies and for direct current operation. Prices on request.)

G-E MICRO-SURGICAL UNIT

● Delivers high frequency current of the proper characteristics for this delicate and localized coagulation.

Has spark-gap with "micrometer" control. Adjustments as fine as 1/2000th of an inch are possible to give accurate control and exact duplication of technique.

Design is predominantly "dental" to harmonize with other equipment in the office.

THE WEBB TECHNIQUE★

★Unusually favorable prognosis in all cases where 30% or more attachment remains.

★Preliminary instrumentation, scaling and polishing not necessary.

★No anesthesia required.

★Little after-pain or discomfort.

★Conspicuous absence of post-operative shock and hemorrhage.

★(Preliminary report in Dental Survey, August, 1935. Reprint on request.)

GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BOULEVARD CHICAGO, ILLINOIS

ORAL HYGIENE

Vol. 26, No. 4 April, 1936

Putrescent Parcel Post 472
J. P. Leonard, D.D.S.

Round and Round 479
Joseph H. Stele, D.D.S.

Serve Your Community 483
A Dentist's Wife

Radiodontic Puzzle Pictures, III 488
Howard R. Raper, D.D.S.

Inter-Professional Cooperation 491
William J. Falk, D.D.S.

Foreign Nations Represented at Chicago Meeting 498

Hobby Exhibit—Chicago Meeting 500

Chicago Meeting Reflects Dental Progress .. 502

Dear Doctor 506

Editorial Comment 514

Dear Oral Hygiene 517

Ask Oral Hygiene 520

EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Ave., Pittsburgh, Pa.; Merwin B. Massol, Publisher; J. J. Downes, R. C Ketterer, W. Earle Craig, D.D.S., Associates. Telephone Atlantic 4670; CHICAGO: Peoples Gas Bldg.; W. B. Conant, Vice-President and Western Manager. Telephone, Harrison 8448; NEW YORK: 18 East 48th St.; Stuart M. Stanley, Vice-President and Eastern Manager. Telephone, Wickersham 2-1744; ST. LOUIS: Syndicate Trust Bldg.; A. D. McKinney, Southern Manager. Telephone, Garfield 0043; SAN FRANCISCO: 155 Montgomery St.; Telephone Exbrook 6029. LOS ANGELES: 318 West 9th St.; Telephone Tucker 9706. Don Harway, Pacific Coast Manager. Member Controlled Circulation Audit.

PUTRESCENT PARCEL POST

By J. P. LEONARD, D.D.S.

■ In presenting some facts and highlights about the methods used by the present day Mail Order Dentists, we are reminded of the story told about the new preacher when he asked the old maid:

"How do you like my sermons?"

"Splendid!" she replied. "I never knew what sin was until you came."

THE WISTFUL AGE

Hope springs eternal in the breast of an edentulous adult!

In other words, when the teeth are gone and the gums are nude, many persons realize for the first time the contented feeling that accompanies the *chewing* of a juicy piece of steak. Although they may have been called "snags" and "stumps" by their careless owners, their memories bring fond recollections of exaggerated efficiency. Mere words are found to be puny and brittle in describing the bereavement felt through the loss of this one means of enjoying a succulent pastime!

The lament of their loss rebounds as an echo in a pitiful bleat.

This universal panic on the part of toothless persons seeking a satisfactory substitute for their deceased molars and incisors is understood very well by the Mail Order Quack. The result is, he appeals direct to their inflamed imagination with plenty of soft-pedal on the price tag! The stress laid on "SEND NO MONEY," and "60 DAY TRIAL," and so on, deceives the overanxious customer into a false sense of security. A glittering painted plug of wood looks harmless to a hungry bass, but if he lunges for it he will only end up in a frying pan. The same is true of the printed bait tossed out by the Mail Order Quack; the country is strewn with oral cripples that jumped at it.

SKULLDUGGERY

Nobody likes to admit he was flimflammed into buying an article that was utterly useless to him. That characteristic of the human race may account for the feeble backfire from the mail order victims. Also, the fact that the customers are widely scatter-

ed, and therefore unable to organize against such quackery, is another reason why this evil continues its putrid and insidious existence.

One particular Mail Order Quack quaintly refers to 81 satisfied customers "in one

Ohio town alone" in such a way as to leave the erroneous conclusion with the gullible reader that the 81 disciples voted favorably and were hysterical in their word-of-mouth recommendation. Phraseology of this sort is typical in all frauds. It sets up a misleading trend of thought and is therefore utterly diabolic!

A hurried glance at any map of the United States will show that Ohio is quite a large state. Closer inspection will disclose there are a number of large towns within its borders. Obviously, 81 people living in Cleveland or Cincinnati, for example, would probably never realize, or be

acquainted with, one another's mistakes.

It is regrettable that such naive chicanery and sly phraseology should be resorted to by any person, or any organization, connected with the profession of dentistry. Let it be understood here that the honest and sincere group of dentists from the rank and file of organized dentistry are bitter and unanimous in their denunciation of such petty larceny! They sincerely hope that the lancet of public opinion will soon be whetted to a keen edge so it can slash away this virulent suppuration from modern civilization.

Every occupation has its mountebanks, grafters, chiselers, and racketeers, that grow up from childhood without a conscience to guide them. Fortunately, by means of the cheap display plus the appeal of ballyhoo that advertising offers to this type of practitioner, we can easily classify the dental *quack*. Posing as a big-hearted philanthropist, he "guarantees" to do everything but murder your mother-in-law at "greatly reduced rates."

His is an old gag, indeed—but not an honorable one!

STOP, LOOK, LISTEN!

No doubt, the claims made are spectacular and impressive to anyone not experienced in the subject of dentistry. However, if the reader would only mix in a liberal supply of caution to enable him to investigate some of the ridiculous claims before deciding on a definite course of action, he would save himself considerable grief and expense.

An inquiry sent to the American Dental Association, 212 East Superior Street, Chicago, would quickly bring information concerning the dental racketeer making the resounding claims, his unscientific technique, and other enlightening facts regarding the past histories of and experiences with this type of charlatan.

Every reliable dentist knows that this service is available from the American Dental Association. However, people as a whole are not aware that such an agency exists. The racketeering Mail Order Quack makes his living off the poor souls who leap before they look. A small amount of cautious inquiry would save many future regrets.

The American Dental Association, with an active membership of approximately forty thousand practitioners, honestly preaches and practices the honorable principles of good dentistry. This organization plainly and clearly expressed this opinion concerning dental quackery in a letter sent out to its members by Doctor Harry B. Pinney, the Secretary of the American Dental Association:

"Nothing could better illustrate what could happen

if advertising was adopted universally by our profession. The development of 'Mail Order Dentistry' fully sustains the stand that has always been taken *against such practices by the profession* at large."

There are other examples of advertising art and dental quackery combined! One is the kind of an advertisement that is intended to appeal to persons blessed with an abundance of faith in human nature and a secret passion for poor investments. At the top of the ad is the sheer emphasis on "Free Dental Plates"! and in bold figures the colossal price "$3.98," and below a reproduction of a denture, a corrugated object with the irregular radiating lines, (giving the subtle impression of a mechanical halo). It might be an advertisement for a new kind of bass lure, or a futuristic sketch of "John Brown's Body."

After stumbling over the fine print at the bottom of the ad you are urged to "mail this coupon at once" so that you will get in on the "introductory offer." Maybe so!!

Think of the danger involved if one of these relics happened to crash an amateur hour! Millions of innocent ears would be exposed to a clattering castenet solo put on by one of the mail order disciples clicking his parcel post curios on a coast to coast hookup!

You will need to have a flit-gun handy to give your radio set first aid!

Similar advertisements carry small type at the bottom of the ads revealing some

interesting data about the theme song idea, telling all about the perfect fitting, life-like, indestructible plates, and sometimes there's a free trial offer.

Too bad they are not guaranteed against scuffing easily or blistering the finish off the dining room table. That would be ducky! So you are urged to *hurry*; send in the coupon. have your teeth made by postal card! Take the impression yourself, in your own garage, and wait in the lobby of the postoffice for the mail order teeth. Perhaps they will be wrapped in tinted cellophane and insured against evaporation in transit!

If you are dissatisfied with the first sample (and you more than likely will be) you are at liberty to try and do something about it. Probably you will return it to the mailman and demand another homespun assortment. When that doesn't work you will have to crate it up and pay the freight back to the factory. You'll be lucky if it doesn't bounce back in a few days with a rubber stamp across it reading "Moved—No Forwarding Address."

If you're unlucky you may get the one that Izzy Blurp returned with the following explanation:

"Here is Ma's teeth. She won't need 'em. Please send us the money she paid for them. We need it to bury Ma. She died from small-pox."

CONCLUSIONS

Seriously speaking, dentistry is a subject that is of interest to everyone. There are two reasons why people are interested in dentistry: first, because they have teeth; second, because they don't have them.

Therefore, people want to know how to keep the teeth they have, or find out why they lost the teeth they used to have.

Fortunately, up to the present time, the average citizen of our United States could obtain good dentistry if he took the time and trouble to seek it. He knew from experience that when he visited his dentist he always received prompt relief from his dental worries. Perhaps, because of the efficiency with which the service was delivered, Mr. Citizen did not always realize the true importance of good dentistry to his general health.

Unfortunately, the average dentist does not concern himself enough about the further education of the patient along the lines of dental hygiene. Too often, the dentist is prone to believe that the patient is not interested in the many modern developments of dental science, so he refrains from any technical terminology entirely and quickly skips over interesting details with only a casual comment. The sad result is that most of the information available to Mr. Citizen about his dental

health, comes through reading commercial advertisements, or listening to radio chatter about various oral hygiene aids. Too often, these are distorted, in a clever way, and leave an erroneous impression.

Therefore, it is apparently high time that the dental profession took the responsibility of explaining these insidious capers that make a pretense of supplying dental appliances through the post card route. Any reliable dentist knows that the comical gestures, used by the mercenary ones, are characteristic of a small minority of warped persons known as *Quacks*.

Admittedly, the dental profession has been too lenient in permitting these rascals to run at large. The chief excuse, for this policy of procrastination, was the fact that dentists, in general, did not protest vigorously against this insidious behavior because they found it hard to believe that people would be gullible enough to fall for the childish ballyhoo used by the parcel post prosthetist.

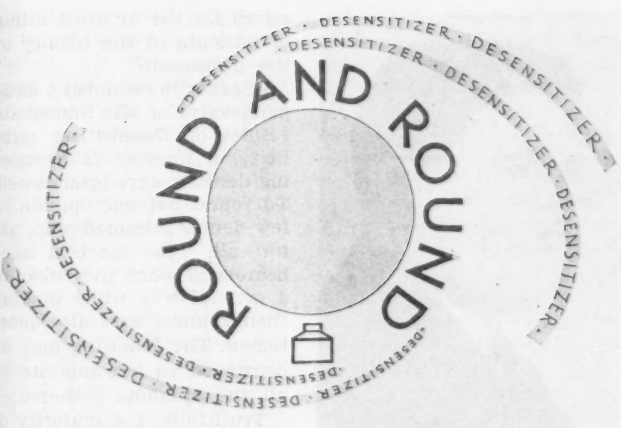
Therefore, in presenting this brief article on the subject of Mail Order Dentistry, our primary motive is a strong desire to help purge the dental profession from an abominable and an unjust stigma that is associated with the good name of dentistry. If, this article, and others like it in tone, can cleanse the erroneous illusion from the minds of some misguided persons, it will have served a noble purpose and rendered humanity and the dental profession a good turn.

703 Union Building
Davenport, Iowa

ANSWERS SUBMITTED TO RADIODONTIC PUZZLE PICTURES

In response to Doctor Howard R. Raper's request for dentist detectives to solve "The Mystery of the Missing Tooth Body," first in his series of Radiodontic Puzzle Pictures, the following dentists submitted solutions:

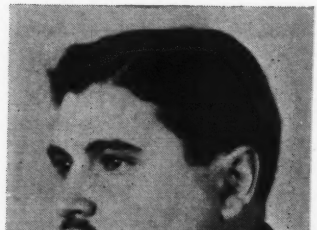
Warren Schemford, 15 West 81st Street, New York, New York
Max Dlugatch, 854 Intervale Avenue, Bronx, New York
S. W. Shields, Darlington, Indiana
F. N. Ralston, 603 I. N. B. Building, Des Moines, Iowa
Edward C. Stafne, Mayo Clinic, Rochester, Minnesota.
Jules Abbott, 43 Main Street, Walden, New York
W. A. Warwick, 907 Medical Arts Building, Tulsa, Oklahoma
Herman Ausubel, 638 Albee Theatre Building, Brooklyn, New York
Harry Ward, 102 West 93rd Street, New York, New York
Leonard Morrissey, Coolidge Building, Medford, Massachusetts
Joseph J. Dolan, 1433 Eleventh Street A, Moline, Illinois
Homer L. Leathers, Fayetteville, Arkansas
M. Francis Wielage, 901 Huntington Building, Miami, Florida
George B. Glazier, Gowanda, New York
Charles E. Carroll, Newport, Arkansas
H. A. Wilson, 305 South Michigan Street, South Bend, Indiana
Harry H. Nagle, 4117 East Washington Street, Indianapolis, Indiana
C. L. Meistroff, 40-39 102nd Street, Corona, Long Island, New York
William J. McLaughlin, Bridgeport, Connecticut.



By JOSEPH H. STELE, D.D.S.

■ When the historians of our times finally sit down to record the significant events of 1936, they will undoubtedly note that it was ushered in by two dissimilar, yet strangely similar (as we shall see) occurrences. One, the composition of a ditty with a tune so simple, and a rhyme so idiotic, that it had the nation humming it overnight; our days were filled with raucous renditions and our nights with futile tossings, in a vain attempt to rid our brains of the mad haunting strains and find surcease in restful slumber. And two, the announcement of the composition of a medicinal formula, which Columbia's Doctor Leroy Hartman had discovered, after many years of patient research. He named it simply, *Desensitizer*, and prophesied for it, and through it, the revolutionizing of dentistry, the sudden metamorphosis of this profession's work into a truly painless procedure. Paralleling the spreading of the aforementioned ditty, overnight, through the medium of all contemporary news agencies, everyone was mouthing the word, *Desensitizer*.

We hasten to assume that the discoverer and his advisors did not employ the genius of a master public relations counsel. Instead, the press was invited to a public reading of a paper dealing with this achievement, and its beneficial effects. Whatever the method, suffice it to say



JOSEPH H. STELE, D.D.S.

that every New York daily, including the foreign language papers, gave the story front page prominence. Every radio news commentator deemed it important enough to make some announcement about it. A radio production, which dramatizes only the most important news, featured a sketch about this all important discovery. We conclude therefrom, that a vast public has been waiting, impatiently, for just such an announcement. A great majority knows the value of dental treatment and wants it, provided they can receive it without any pain or discomfort. As one prominent journalist remarked in his radio comment, "With the discovery of the Desensitizer, dentists are preparing themselves for the greatest influx of patients in the history of the profession."

In order to establish a clear perspective on the immediate results of Desensitizer publicity, a number of practicing dentists were interviewed. To round out our opinion, a few dental salesmen who, after all, are the best talebearers of what they hear in a general way while making their rounds, were also questioned. The following may be construed as a composite of all the opinions gathered:

Truthfully, the majority of dentists are rather resentful of the fact that the public gained such complete access to the announcement of the Desensitizer. Their resentment arises, not against the formula itself, or its accompanying effects, but against the fact that this publicity let loose a perfect avalanche of questions on the heads of the dentists about this "miraculous" compound. It is rather trying to have to answer these two questions, over and over and over again. "Doctor, have you got the Desensitizer?" and "Doctor, does it work?"

The answer to the first is invariably and definitely, "Yes!" The answer to the second is still in the mind of each dentist as he uses the solution and tries to note its results. Possibly, this barrage of queries might have been avoided if the press, and its

subsidiaries, hadn't seized upon it and displayed it so thoroughly. It may probably have been best to let each dentist acquaint his patients with the discovery and let the news spread by word of mouth. A great deal of inconvenience might have been avoided and the dentist could have had a more positive answer to the second of the two repetitious interrogations.

Now that the news has been shouted from the hill tops and from every public square, just what have we? We have the knowledge that a great multitude really desires our services, and we have the most powerful weapon yet invented, at hand, to defeat that great bugaboo of our profession—Fear of Pain! We have the silencer to all those ugly whispers, those Sadists, who deem it their duty to instill the fear of dental pain in the breasts—or rather brains—of the uninitiated. We have the siege gun to destroy all the other contradictory influences which have beleaguered us from the start and we must use it constantly; pounding, pounding away on the fact that we really have a genuine pain destroyer!

All of us know that with our modern armamentarium, that is, sharp burs, instruments, stones, and so on, we have already reduced pain in the dental chair to a minimum. Our battle has always been with the mind where most of the pain psychoses and phobias arise. Now we have the psychological combative force to use against them. We must not minimize it; we must employ it to the maximum degree!

As an illustration: The writer has a patient, a woman, who has given evidence of possessing every pain phobia that ever existed and some new ones of her own invention. Unfortunately, extenuating circumstances combine to make her a valuable patient. We have no other alternative than to continue working on her. To make matters worse she has a true procaine idiosyncrasy and a cringing horror of gas anesthesia. It has been mutual torture just to fill a few Class 1 cavities.

One day, not long after the Desensitizer announcement, she came in for her appointment. Eagerly she questioned us, employing the same two queries previously quoted. The replies were an affirmative to the first, and in response to the second we permitted ourselves to wax eloquent. We decided to keep her in suspense, to build up a great mental anticipation, and we started to repolish restorations that had already been inserted. Meanwhile, in conversation, we repeated all the things that had been printed in favor of this solution. We added that we

wanted to wait a while before using it on her, until we had tested it on some others. This lasted for two visits. On the third we told her that our results justified using it on her. We made an elaborate affair of it. We took our time in adjusting the rubber dam. Then ostentatiously, we placed a pellet soaked with Desensitizer in a partly excavated tooth that we had had a great deal of trouble opening during several previous sittings. Patiently, we waited the required minute and a half and applied the hot air blast. She didn't wince. This tooth had deep seated caries. The cavity was then cleaned out, shaped up, and a cement base inserted without a murmur from her. We have used it subsequently with the same success. We have gained a delighted patient and lost a great deal of aggravation.

The finicky idealists, on reading the foregoing, are liable to shout "Hypocrisy! Heresy! Unethical practice!" That cannot be! That patient is satisfied. Something has really been accomplished. We illustrate with one case but other men have experienced like results. That makes a host of cases. There may be those among us who are most conservative. They want to await results from the different investigating committees. Be that as it may, while waiting for these reports we must step along with the publicity that has been given out for us to use. Surely it isn't unethical to cure, even temporarily, a few hypochondriacs? We must bear one thing in mind. If anyone finds something contradictory to the claims made for this preparation it would be in the best interests of present day dentistry to withhold these findings from the public eye. We have a big score in our favor. Let us guard it carefully and not lose it.

We cannot help feeling an indebtedness to Doctor Hartman, both for his years of unselfish research, and for the way he delivered his results to an anxious public. There are those who, even though a short time has elapsed since the announcement of the Desensitizer, are howling in derision. Let them. Time, in many cases, has proved the value of a discovery or an invention which had been derided at its inception.

We have been inconvenienced. We have been badgered by senseless questioning. But, now that the furor has subsided somewhat, let us pick up the cudgels and keep on spreading the word—*Round and Round.*

Three Anderson Avenue
Fairview, New Jersey.

SERVE YOUR COMMUNITY

By A DENTIST'S WIFE

■ Should a dentist go in for politics? If so, what results may he expect? Does his practice benefit? Herein is set down some first hand information about one dentist, the average sort, who took part in school politics, and the effect on his practice.

A modern wife reads all the dental literature that a mere woman can comprehend and later attempts to discuss it with her dentist husband, particularly practice building suggestions. Not only one reputable modern writer but all approached this subject of practice building by insisting that *he profits most who serves best;* that *a dentist to be a good dentist must first of all be a good citizen;* and *should leave nothing undone in an ethical way that might help to bring patients to the office. He should become affiliated with civic organizations* and *thus gain prestige and ethical publicity, so essential to success.* The foregoing statements are actual "quotes."

"Ethical publicity," that smooth sounding phrase, was what suggested to me the idea of my husband seeking a seat on the local school board. Why not? Our mental attitudes were right. We had always been civic minded, possessed of high ideals about a man's duty to his community. The dentist had ample spare time; a little less bridge playing in a fixed social set and a corresponding number of hours spent in honest work for the local school board would certainly result in some ethical publicity. Wasn't that the aim of every alert practitioner?

We realized fully that one must be elected as a school director by the people and therefore participate in an election campaign. But my husband, Doctor Smith, (the name's as good as any) was just the extrovert to enjoy such a series of speeches, interviews, and discussions. Being a novice, he gave no thought to the inevitable committments that anyone was bound to make in an

orgy of so much talking.

I must explain just a little about the political set-up in our particular town and how a newcomer in the local political picture was able to break through. Ours is an industrial town of 50,000 with a large foreign population centered in certain wards whose number made them the controlling factor in any election. Doctor Smith's office and residence in the heart of this district made him a likely candidate. Surely a neighbor would be more approachable than a total stranger, therefore desirable as a representative. The result for Doctor Smith: election to the local school board for a period of six years.

CLIENTELE CHANGES

The period preceding the actual election had shown some promising signs. Upon analysis, we realized that Doctor Smith's practice had begun to change in personnel. Heretofore, 75 per cent of his clients had been drawn from the lower bracket of wage earners in his immediate vicinity and the balance from personal friends and sporadic associations. Now a gradual change was taking place. While the so-called foreigner and working man had always been desirable from a financial point of view, because they paid promptly and with an ease far beyond their white collar neighbors, it was their class that the depression hit hardest with the closing down of industrial operations. The medical or dental practitioner who had enjoyed a splendid cash income felt the result most. So upon analysis of the changing order, Doctor Smith welcomed the influx of new patients brought about, no doubt, by his position on the school board.

First, there was the family of the would be teacher or the applicant himself. There was no easier approach to one of the men who could elect one to a permanent fair paying position than that of the doctor-patient relationship. In the course of the casual conversation while awaiting the setting of the amalgam, one could casually interpose, "You know, Doc, I'm listed as an applicant for a teaching position. Keep me in mind won't you?"

With every gain often comes a corresponding liability; there was the fellow who came presumably for dentistry on the pay-as-you-go basis and then, "You know me, Doc, I got a lot of votes for you in the 'steenth' ward." Despite all resolutions to the contrary many an extraction for the next two years was charged off to the *votes account*.

All that is not so objectionable, however. My pet peeve was the favor seekers who dropped into the dental office

at any time of day for a chat. With depression leisure, they were willing to wait as long as necessary to see the doctor.

"Casting an eye" on an establishment that housed office and home combined, I soon succeeded by diplomatic means in transferring the would-be pals to a room in our home instead of the dentist's reception r o o m. Their tobacco smoke and general demeanors added in no way to the appearance of the office when Mrs. De Right happened in. My husband, always polite and generous with his time and energy, frequently disrupted our family meal time, but we soon cured that with a dinner gong that r e v e r b e r a t e d through the house with an unmistakable meaning.

A decade ago government affairs moved along in orderly and settled manner. Today the situation is changed. All departments of government are under close scrutiny of Mr. and Mrs. Taxpayer. School administration requires serious consideration, courage, and circumspection. Every school board member is drawn into the controversial problem of hiring teachers, because the public has become job conscious.

APPOINTMENTS OF TEACHERS

Unfortunately, teacher appointments have become here and there matters of political patronage. Teachers were always appointed on character references. It needs but a slight shift to include among one's backers a political sponsor of one's teaching qualifications. What does this situation do to the average board member? It subjects him to the request, demand, or what have you of every political associate from ward leader to legislator, not to mention friends and coreligionists. Just picture the implications of nine board members and their whispering constitutents at the ear of the superintendent of schools.

For two years my husband was allied with the majority group and was soon committed to certain changes in personnel, promotions, and demotions, of which today, four years later, we are feeling the repercussions. When political reverses overcame s o m e whose term expired, Doctor Smith found himself with the minority group, with a corresponding loss of power. The new majority with customary procedure began immediately to rescind the actions of their predecessors. The militant minority must protest. The newspapers profited. The true aspect of the issues at stake were most often lost in the newspaper recounting of petty recrimination, a small town habit. It's the lurid report that sells papers!

What a cruel joke at our expense! What had promised to be ethical publicity, a dignified mention frequently of name and title in the news, now became a horrible nightmare of notoriety to my sensitive mind.

Doctor Smith has completed four years of his school board encumbency. How has it affected his professional status and his income? Here are the facts. Perhaps I am supersensitive and lacking in perspective, but I feel that he has become well known as a politician and a fighter for principles. His ability as a dentist has not changed, but his identity has become so submerged in school affairs that the mention of his name calls up that association first and not dentistry. If I were an average citizen I feel certain that that would be my reaction. Most of us cannot serve two masters well, especially if one is so demanding; one must be relegated to second place.

Let us consider our financial status. I shall take the year 1930 at which to begin my calculations. Depression had not yet overtaken us; our income was approximately nine thousand dollars. This is good, unusually good for the average small town practitioner, with no particular or absorbing affiliations other than church, recognized service club, social groups, and a modest country club. Here are comparative figures for the following years to be read with the realization that in 1930 we had not yet reached the depths so to speak of the lean years:

1930	$9,000
1931	6,000
1932	6,000
1933	5,000
1934	6,000
1935	5,000

The drop from 1930 to 1931 we attribute to a change in general conditions and the approximate reduction in the majority of incomes. The years 1932-33 represent what still amounts to a fair income. Taking into consideration the large proportion of those now on relief who constituted 75 per cent of this dentist's patronage, I am certain that the average for these two years would have been seriously lower had not political affiliations brought new patients. These same years 1932-33 represent the dentist's alliance with the majority group of the board.

Let us look at 1934-35. Where is the improvement supposedly prevalent throughout the country? It is certainly not apparent in this dentist's income. How do we account for this discrepancy? Can it be traced to the fact that during this two year period the dentist was part of the minority group and had little power to distribute patronage? Per-

haps his school affiliations have nothing to do with the matter at all. Perhaps because we were late in feeling the strong downward trend, we shall be at the tail end of recovery. I await 1936 with keen interest.

What will happen in 1937 when this term of the school board expires? I do not know. In the term of six years my husband will have expended much time and energy. Does he crave another six year term? Twelve years is a long, long time. I do not think that he has formulated any definite decision. I have heard him say, "When this is over I am going to be like the good shoemaker who sticks to his own last." On the other hand, there is the ever present prestige and sense of power, whether real or imaginary, that bolsters one's ego, which I know he enjoys and would hate to relinquish.

There has as yet been no need for me to express my wishes in the matter. School board membership implies intelligence, clear thinking, and a high caliber of citizenship. Since our own children are in the public schools, we are vitally interested. Surely no other civic project is more worthy of spare time and effort and gives one a keener sense of pride.

However, I am confident that in the future we shall weigh carefully any promissory sources of "ethical publicity"; for I am convinced that a dental practice that is not gained by the recommendation of one satisfied patient to another is never established on a substantial basis. A practice ethically built is not easily affected by the extraneous whims, vagaries, and fickle prejudices of public opinion. Which brings me to my original premise. Shall the dentist who is so inclined enter politics? I cannot say. In the light of one man's experience, draw your own conclusions.

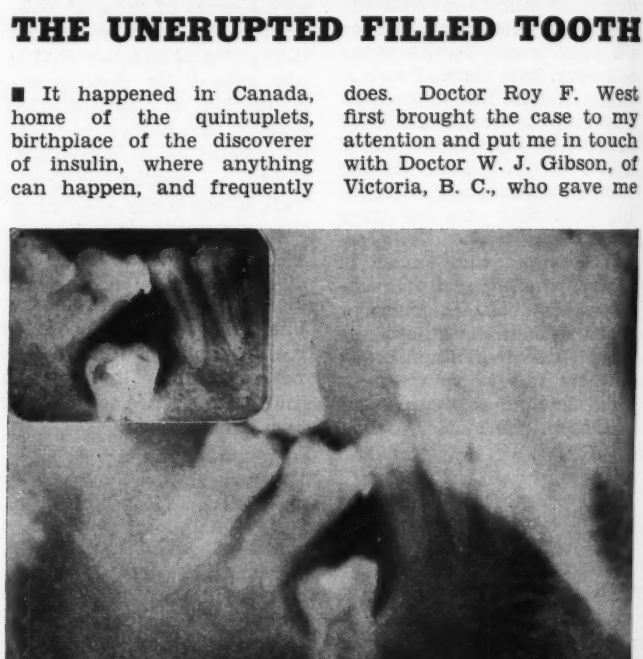
RADIODONTIC PUZZLE PICTURES

An Informal Presentation of the Subject of Interpretation

By HOWARD R. RAPER, D.D.S.

THE INTERNATIONAL CASE OF THE UNERUPTED FILLED TOOTH

■ It happened in Canada, home of the quintuplets, birthplace of the discoverer of insulin, where anything can happen, and frequently does. Doctor Roy F. West first brought the case to my attention and put me in touch with Doctor W. J. Gibson, of Victoria, B. C., who gave me



Figs. 1-C3 *and* 2-C3

all attainable data and several radiographs.

Everyone knows that an unerupted, deeply imbedded tooth a quarter of an inch below the surface of the overlying gum cannot be filled. This is as certain as the fact that the miniature ship one sees in a bottle cannot really be inside the bottle.

Yet there it is, two views of it, intra-oral and extra-oral, Figs. 1-C3 and 2-C3, a lower first molar with what certainly seems to be a filling in it. Moreover, there seems to be a recurrence of caries about the filling, which gives an additional touch of realism. The first molar is so deeply imbedded that the crowns of the second bicuspid and second molar are seen virtually in contact.

As one radiodontic detective to another, what is your solution of this case? If the radioparent spot is not a filling in the occlusal surface of the tooth, what is it? (Additional radiographs not shown here all revealed similar spots.) If it is a filling, how did it get there?

Either it is a filling or it is not. If you hold that it is not, you should give some satisfactory explanation as to what it is, a difficult thing to do. If you hold that it is a filling, you should give a satisfactory explanation as to how it got in the tooth, which is also a difficult thing to do.

The answer, or at least an answer, will be given in the next issue of ORAL HYGIENE. Meantime, write your solution on the back of your office assistant's uniform and send to us with the assistant still in the uniform. The best looking girl will receive a prize. Decision of the judges will be final. In case of ties, duplicate awards will be given.

THE ANSWER TO LAST MONTH'S CASE

Last month's case was the one in which the radiograph showed a retention pin in the pulp canal of a lower bicuspid—see Fig. 1-C1, published March, 1936, page 339.

In view of the fact that there is no evidence of periapical disturbance, we may doubt from this alone that the pin actually goes into the pulp. But this evidence is only contributory, by no means conclusive.

Nevertheless, the fact is that the pin is not in the pulp canal. It appears to be because of the horizontal x-ray angle.

Figure 2-C2 is a diagrammatic cross section of the teeth. With the x-ray angle as indicated by arrow A, the shadow of the pin and the

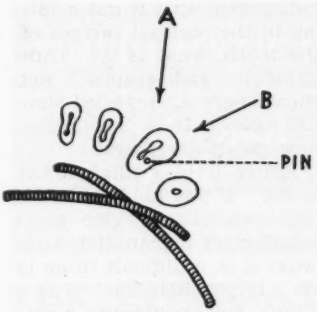


Fig. 2-C2

pulp canal overlap, as in Fig. 1-C1, March, 1936.

When the horizontal x-ray angle is changed, as indicated by arrow B in Fig. 2-C2, the pulp canal and the pin do not overlap, and so we see the pin is not in the canal.

Figure 3-C2 is a radiograph made with the horizontal angle as indicated by arrow B.

When we have two radiographs, like Figs. 1-C1 and 3-C2, one showing the pin in the canal, the other showing the pin outside the canal, we may always believe the one showing the pin not in the canal; for a pin outside of a canal may be thrown into it radiographically, but one which is actually inside cannot be projected outside.

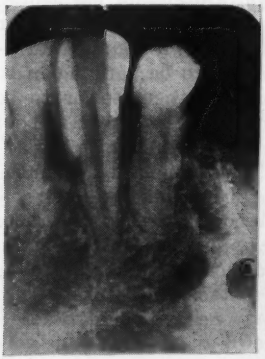


Fig. 3-C2

403 First National Bank Building, Albuquerque, New Mexico.

INTER-PROFESSIONAL COOPERATION

By WILLIAM J. FALK, D.D.S.

For some time there has been considerable controversy between the professions as to whether or not any form of inter-professional education was necessary and, if it were, how it could be developed. I wish to present illustrations showing why I think it is necessary and also to offer a method of bringing it about.

The first illustration refers to a case of leukemia. I reported this case in an article entitled LEUKEMIA—A CASE REPORT[1] some time ago. All I will repeat is that through cooperation with a physician I was able to arrive at a diagnosis, and would have determined upon some type of treatment that might have prolonged the patient's life had she been cooperative enough to allow us to treat her after diagnosis. Our working relations in this case were perfect, and it is on account of this experience that I wish to do all in my power to bring about some form of inter-professional education.

The next case is that of a woman about 25, who complained of a sore throat. I referred her to her physician after taking smears of her gums for Vincent's infection. These were negative. Her throat was rather red and inflamed, with a dirty gray membrane covering the right tonsil. The patient's temperature was normal. She felt well and had no sensation of malaise, nausea, or headache. The physician took cultures of her throat as well as smears from the infected areas. At the same time, he injected 5000 units of diphtheria antitoxin in an effort, as he said, to prevent an onset of diphtheria. The cultures were negative, and the smears showed a few Vincent's spirochetes and fusiform bacilli, as well as a quantity of Streptococcus viridans. The diagnosis entered was acute Vincent's agina. The patient was alarmed, and of course the dentist was blamed for slipping on an obvious case.

Now I wish to clarify one point. I am not criticizing the physician in this case, but

[1]Falk, W. J.; Jacobson, S. M.: Leukemia—A Case Report, Dental Cosmos 75:1214 (December) 1933.

had there been some form of dental education included in his medical course or had he been well versed on the subject of dentistry, he would have known that whenever there is a sore throat of the type treated, organisms associated with Vincent's angina are always present. If he had known this, I am sure the diagnosis would have been some form of tonsillitis, for within twenty-four hours the membrane had disappeared and, with the exception of a slight redness, the throat was normal.

Another case I wish to discuss has many peculiarities. Among those who attended the patient were a rhinologist, an internist, a general practitioner, and a health officer. The dentist started the treatment by extracting eight teeth under aseptic conditions. The patient returned to the dentist's office three days after the extractions to have a denture constructed. Her throat was inflamed, and it was almost impossible for her to swallow. The dentist refused to perform any service for the patient and sent her home with an order to call in her physician immediately. This was done. The physician took a culture of her throat as well as some smears. The culture was negative for diphtheria, and the smears showed some Vincent's organisms present as well as a great quantity of Streptococcus hemolyticus. The diagnosis in this case also was Vincent's angina. The rhinologist was called in and the diagnosis verified. The dentist was not called in but was severely criticized for operating under septic conditions and was indirectly blamed for the situation. The patient's temperature kept rising and her condition grew worse. All the other men just mentioned were called in, and eventually the diagnosis was scarlet fever, but talk will get out and public opinion cannot be controlled, so the dentist is now being blamed for causing scarlet fever rather than the Vincent's angina. Because the patient became ill after seeing the dentist, he, of course, was considered the prevailing factor in the case. Again this emphasizes my point that something is wrong between the professions.

OFF-HAND DIAGNOSIS

Next, we have the case of a patient visiting a physician and complaining of dizziness, weakness, a fainting spell, loss of appetite, and other symptoms. The physician gives her a thorough physical examination which fails to disclose any specific disease, but a blood examination indicates the presence of secondary anemia and the physician begins to search for a focus of infection. The patient's tonsils have already been removed; the urine is

negative; and the patient seems to be generally in good condition. In doubt as to the source of infection, the physician asks the patient about the condition of her teeth. After finding out that they bleed a little when brushed and one of them aches when candy is eaten, the physician says that he believes the patient's teeth are in a diseased condition and should be extracted. Instead of advising the patient to see her dentist to determine the condition of her teeth, he bluntly says that the teeth are diseased. By the time the patient visits her dentist he has a psychological case on his hands. If he says: "Your teeth are all right"; or "You have slightly inflamed gums which can be treated and cleared up"; or "Your teeth seem to be healthy, but perhaps we had better x-ray them to see if there is any pathology present"; in almost every such case the patient will probably say, "No, Doctor Smith said that my teeth were in bad condition and so I want them extracted." Sometimes the dentist may be tempted to agree with the woman if he knows that the advertising dentist across the street will do the work for her, if he doesn't. The result is wholesale extraction, retail plates, and job-lot indigestion for the patient for the rest of her life. Why? I will discuss this all later on.

I want to cite one more case, and then I'll rest my argument for a while. It is that of a young woman who has had difficulty with her teeth since adolescence. The condition has been corrected by a competent dentist who has replaced the decayed tooth structure with good restorations and has, upon occasion, removed a tooth or two but all in all has given fine service. The patient was married and she became pregnant. At this time her age was given to the obstetrician as 22. She also visited the dentist and was asked to make monthly visits to his office, as he felt she should be cared for dentally as well as medically. After the first two months of pregnancy the dentist told her that he thought a few restorations should be removed and replaced as the margins were leaky. She consulted her physician, and he said that under no circumstances should she have any dental service, as he felt that she was too nervous for that type of work and there was no sense in removing one restoration for the sake of putting in another one. The result was that this woman listened to him and, during her pregnancy, had no further dental care. Following her delivery, she wished to have her teeth attended to, but again her physician advised against this, as he said that since she was nursing her

PHYSICIAN
PATIENT
DENTIST

baby, he was afraid that the dental work might interfere with lactation and advised waiting for another eight months until the period of nursing was over. This was the result: Nine upper teeth were extracted, included in which were the centrals and laterals; four lower teeth, all molars, were also removed. Remember, this patient was only 22 at the time of pregnancy, and now she is included in that great army of denture wearers. How many of you have given the same advice because you felt it was best for the patient? But was it?

The foregoing illustrations, in my opinion, seem to prove my point, but of course to some of my readers, they may not be convincing. Most of us are egotistical. We hate to be shown our faults or errors, and besides this, most professional persons have the self-satisfied smirk that comes from the consciousness of sufficient education. We have been practicing for years and have had good results. We read the journals and forget about them, for we have been able to treat all existing diseases with fairly good results, and our mortality rate hasn't been any higher than that of Doctor Jones across the street; in fact, we are acquainted with many leaders of the profession who are famed because they are not afraid to try things, and as a result their mortality rate is much higher than ours, so why be bothered with all these new fangled ideas and treatments?

However, if we analyze the other side of the story and study a few cases in which there have been cooperative efforts shown by members of the two professions, we can readily see that real results can be accomplished through this type of cooperation.

ROENTGENOGRAMS TAKEN

The first case is one of a man, 40. He was of the athletic type and was really a young man in every sense of the word. His teeth were apparently healthy as was his general physical make-up. He first started to complain about a pain in the right knee. This was slightly relieved by wearing an elastic supporter over the joint. However, in the course of a few weeks, the pain increased and stiffness in the joint became more noticeable. He visited his physician who, after a thorough physical examination, referred him to a dentist for oral examination. Roentgenograms disclosed five infected teeth, one of which, an upper second bicuspid, showed the presence of a granuloma about one-fourth inch in diameter at the root. The patient was skeptical, as he had never had a toothache in his life. He returned to his physi-

cian and belittled the dentist who had made the diagnosis. The physician knew that the dentist was capable of reading roentgenograms, but to satisfy the patient he referred him to a roentgenologist who again made roentgenograms and found the same condition as the dentist reported. By this time the patient was walking with the aid of two canes and, in his own words, he felt miserable. He was finally convinced that he should have the teeth in question removed. Extraction disclosed the fact that the rotentgenograms were right, for, within six weeks after the operation, the patient was able to walk without any noticeable sign of a limp and was free from any pain whatsoever. The physician in this case was one who has been associated with a dentist since he began to practice and who had spent his interneship in one of the modern hospitals that included among its staff members two dental internes. He is ready and willing at all times to ask a dentist to aid in diagnosis and treatment and is known as a successful medical practitioner.

Another illustration of how cooperation will help the patient, the physician, and the dentist, concerns a woman, 24, who complained of dizziness and fainting spells. Blood examination disclosed mild secondary anemia. The examining physician was unable to find any evidence of infection or disease. He referred her to her dentist, who in turn made roentgenograms of her entire mouth. Instrumental examination made before roentgenograms were taken had disclosed what was apparently an almost perfect set of teeth. The only reconstructive work that had been done was the placing of an amalgam restoration in a lower molar and a porcelain restoration in an upper right lateral. The roentgenograms, however, revealed the fact that the lateral was a devitalized tooth, and at the root a large cyst that extended high up into the maxillary bone had formed. The tooth was removed and the socket curretted. The socket was treated for four weeks and another roentgenogram taken. Three weeks later a blood test was made again, and the hemoglobin had risen to 95 per cent. This is proof again of the results obtained by members of the two professions working together.

Some time ago I stated that a course should be included in the curriculum of medical schools which would include dental medicine or medical dentistry. I also stated that the present practicing physicians should have this form of education brought to them in a simple and understandable manner. I think that most practitioners have a self-satisfied air about them;

an air of satisfaction brought about by the title "Doctor." Of course, this statement includes the dental profession also, for we are all great imitators, and the promiscuous dishing out of titles to almost anyone has raised a question mark in the mind of John Public.

Before we can educate our patients to the importance of better health conditions, we must first educate ourselves. If we are unable to educate ourselves because of a lack of educational facilities or isolation in communities where there are no facilities for inter-professional association, then we must arrange to provide ourselves or our fellow practitioner with this means of education. So once again, I say, let us acknowledge our own lack of understanding; let us cooperate with each other so that by increasing our knowledge we may benefit ourselves mentally and give our patients the understanding treatment that they deserve. Thus the benefit will be mutual and our prestige in our community, town, or city will increase and will be deserved.

Cumberland, Maryland.

DENTAL MEETING DATES

Mississippi State Dental Association, sixty-first annual meeting, Hotel Greenville, Greenville, April 13-15, inclusive.

Alabama Dental Association, annual meeting, Tutwiler Hotel, Birmingham, April 14-16.

Old Dominion Dental Society, twenty-third annual meeting, Norfolk, Virginia, April 16-17.

American Board of Orthodontia will meet in St. Louis, Missouri, April 17-18. Orthodontists desiring to qualify for a certificate from the Board should secure the necessary application blank from the secretary, Charles R. Baker, 636 Church Street, Evanston, Illinois.

American Society of Orthodontists, annual meeting, St. Louis, April 20-23.

Massachusetts Dental Society, seventy-second annual meeting, Hotel Statler, Boston, April 28-May 1. The President's Luncheon will be held at the Copley Plaza, April 29.

Massachusetts Dental Hygienists Association, annual meeting, Hotel Statler, Boston, April 28-May 1.

Washington State Dental Association, Olympic Hotel, Seattle, April 30-May 2, inclusive.

Central Pennsylvania (seventh district) Dental Society, thirty-fourth annual session, Fort Stanwix Hotel, Johnstown, Pennsylvania, May 4-6.

Tennessee State Dental Association, sixty-ninth annual meeting, Hotel Peabody, Memphis, May 5-6.

Georgia State Dental Association, sixty-eighth annual meeting, Atlanta, May 11-13.

North Carolina Dental Society, sixty-second annual meeting, Carolina Hotel, Pinehurst, May 11-13.

FOREIGN NATIONS REPRESENTED AT CHICAGO MEETING

■ Climaxing its seventy-two years as the outstanding dental convention of the country, the Chicago Midwinter Meeting this year drew visitors from England, Wales, Australia, South Africa, Czechoslovakia, France, Norway, Denmark, Canada and Mexico.

Many of the dentists coming from foreign countries were enthusiastic in their praise of the developments in American dentistry. Doctor F. B. Wessely of Brno, Moravia, Czechoslovakia, in commenting on them, said, "Dental work, especially the mechanical sort, is much more advanced in this country than anywhere else." He also contrasted the methods of conducting general dental practice in this country and in his own and advised against the adoption of socialized dental and medical clinics such as are prevalent in Czechoslovakia.

Five Australian dentists snapped at the annual Mid-Winter Meeting of the Chicago Dental Society at the Stevens Hotel. Left to right: Doctors J. T. Grainger, R. Williams, W. J. Tuckfield, V. W. Leach and R. W. Towns. (Chicago-American-International News photo.)

A large delegation of dentists from Australia was headed by Doctor W. J. Tuckfield, editor of the *Australian Journal of Dentistry*, and professor of prosthetic dentistry at Melbourne University for the past twenty years. These dentists all expressed satisfaction over the improved economic conditions in Australia which are having a stimulating effect on dental practice.

Doctor Tuckfield, besides attending the Chicago meeting, is spending some months in the United States and Canada inspecting the dental schools of twenty-one universities and studying American educational methods.

Speaking of developments in dentistry in Australia, he said, "There is a definite tendency to increase the cooperation between physicians and dentists. As part of our five year dental course, students must attend hospital clinics and obtain an adequate foundation in medicine and surgery. Dentists who are in practice attend joint meetings of the British Medical and Australian Dental Association six times each year, at which lectures are given by physicians and dentists."

W. K. Hume, B.D.S., Sydney, Australia, spoke of dental education that is being carried on there.

"For the past three years," he said, "the Australian Dental Association has sponsored a dental education program. Each week some unnamed member broadcasts a fifteen minute radio talk on dental health. Lectures are also given by dentists in schools and at women's clubs. This program, however, is not entirely adequate for educating the public and we hope to develop it much further than it is at present."

Asked about dental care in the schools, Doctor Hume explained that dentists travel from one school to another in motor buses equipped like dental offices. These traveling dentists, who are paid by the Government, make regular visits to the schools, examine the children's teeth, and advise them as to what service is needed.

Other Australian dentists attending the Midwinter Meeting were: S. K. Wilson, Brisbane, who is now taking a postgraduate course at the University of Minnesota; L. T. Spaull and C. E. Harris, Sydney, postgraduate students at Toronto University.

E. A. Hardy, H. C. Ballauff, M. M. Hillier and R. G. Hunt came from London; O. C. Jenkins, from New Quay, Wales; Gunnar Aasgaard, Norway; B. Braude, Capetown, South Africa; two women dentists from Copenhagen, Denmark; Doctors L. C. Arnefelt and Anna Gravesen; and Joaquin A. Casasus, from Mexico City.

Fig. 1

Adventures of more than fifty dentists in the realm of creative arts and hobbies were featured in the second annual Hobbies Exhibit held in connection with the Midwinter Meeting of the Chicago Dental Society, February seventeenth to twentieth at the Stevens Hotel, Chicago. A replica of a dental parlor in miniature, one dentist's family tree dating from 495 A.D., bookplates, oil and water color paintings, and varied collections of photographs were among the highlights of this unique exhibit.

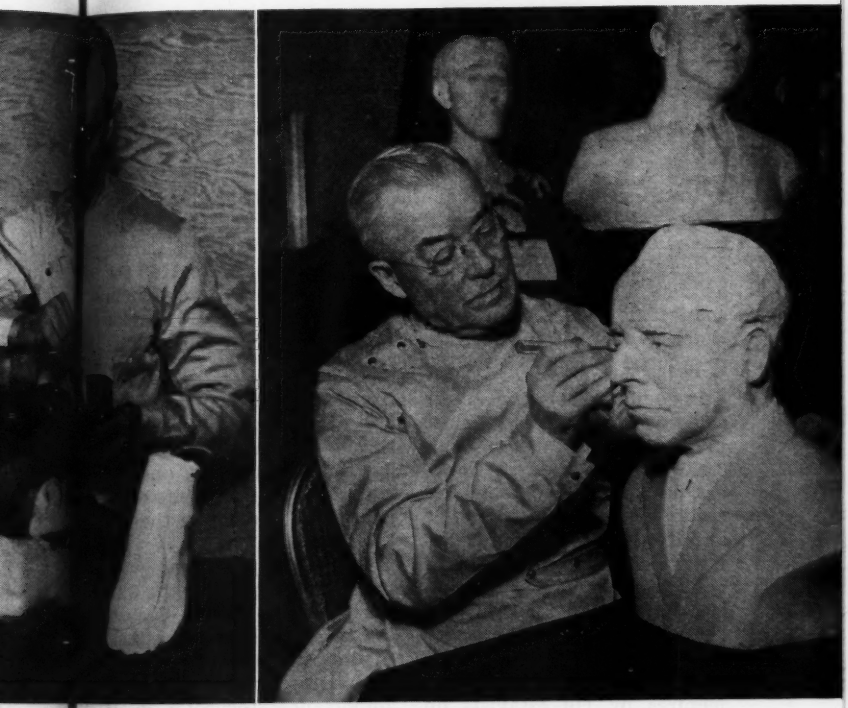


Fig. 3

William F. Tolar, D.D.S., 4844 West Chicago Avenue, Chicago, Chairman, Committee on Hobbies, (Fig. 1) points to political cartoons drawn by A. H. Koch, D.D.S. Doctor Tolar's own interesting collection of autographed photographs was also a part of the Hobby Show.

Harry L. Rubens, D.D.S., 3800 Roosevelt Road, Chicago, (Fig. 2) is shown with some of the casts he has made of hands and feet. Models of faces in plaster were also featured in his exhibit.

William H. McCarty, Vice-Chairman, Committee on Hobbies (Fig. 3) is at work on the bust he modeled of Doctor L. L. Davis, one of the founders of Delta Sigma Delta, and displayed at the Hobby Show.

CHICAGO MEETING REFLECTS DENTAL PROGRESS

■ Identification through dental charts, the Social Security Act in relation to dentistry, the munitions racket, the poll on Hartman's solution,[1] compulsory health insurance in Europe —these were the subjects that captured the interest of the dentists and furnished continuous topics of conversation in the lecture rooms, the corridors, and elevators of the Stevens Hotel throughout the seventy-second annual Midwinter Meeting of the Chicago Dental Society.

In defiance of the bitter cold wave blanketing most of the country, more than 8,000 dentists, research workers, and scientists from all sections of the United States and from twelve foreign countries assembled to make this convention the most impressive one in the history of the Society. From February seventeenth to twentieth, dentists listened intently to lectures by 110 essayists on preventive and restorative dentistry, oral surgery, anesthesia, orthodontia, medical relations, diet problems, public health, and dental economics; attended table clinics conducted by research workers from forty states; and kept up a continual procession through the scientific exhibits, the hobby show, and the manufacturers' exhibits occupying 165 booths in the exhibition hall.

Analysis of the Poll on Hartman's Solution[1]

Applications made	23,276
Complete freedom from pain	6,965
Partial anesthesia	7,291
Failures	9,020
Patients relieved	64%

Impressively opened with musical selections by the Chicago Dental Society Orchestra, the first general session of the convention brought together two men of national importance, Inspector W. H. Drane Lester, of the United States Department of Justice, and Major General Smedley D. Butler, retired, to address 3000 dentists gathered in the Grand Ballroom.

Mr. Lester, a native of Mississippi, a graduate of Oxford University, former university professor, West Point instructor, and lawyer, came to Chicago as a representative of J. Edgar Hoover, Director, Federal Bureau of Investigation, to suggest to the dentists how they might assist

law enforcement agencies in identifying unknown persons and detecting criminals.

"Identification by means of the teeth is probably one of the most permanent and non-destructible means of identification known to science today," Mr. Lester told the dentists. "In innumerable accident cases and in many criminal cases, individuals have been identified by their teeth or dental work long after other recognized marks of identification have been completely obliterated."

As to what the dental profession might do to make forensic dentistry more important in the future, Mr. Lester had this to say:

"It is entirely possible that your dental associations could work out some recognized standardized system of recording and indexing dental charts or records which would mean, in effect, that virtually every dentist in this country would record or chart certain descriptive dental data of his own patients in substantially the same manner as other dentists throughout the country."

Pending the development of some uniform type of dental chart, Mr. Lester recommended that each dentist voluntarily keep careful records and charts of all patients and, upon request made by appropriate officials, check through them carefully for identification purposes.

Inspector W. H. Drane Lester, Federal Bureau of Investigation, U. S. Department of Justice.

Preceding Inspector Lester's address, Major Butler gave the dentists his version of THE MUNITIONS RACKET in his most pungent style. Asserting that a European war is inevitable, he insisted that, in preparation for it, pressure should be brought to bear on Congress to pass a strict neutrality law which would leave discretionary power to no one.

In time of war he advocated that the United States should stop all trade with warring nations and remain entirely aloof. Armaments, in his opinion, should be confined to those necessary for defense.

International problems were again brought to the attention of the dentists on Tuesday when George Wood Clapp, D.D.S., New York, reported to the convention on his first-hand study of compulsory dental insurance as it exists in Europe. Against a similar program in this country he gave dentists this warning:

"If the profession sits idle," he said, "and allows a compulsory health program to be forced upon it, we shall slowly follow the downward path of bureaucrat ridden European countries, with our least competent members as officials and our profession regimented and policed."

National legislation held the spotlight the third day of the convention when C. T. Messner, Chief Dental Surgeon, United States Public Health Service, analyzed the health clauses of the Social Security Act before the section on dental economics. He challenged the dental profession to prepare itself to accept the opportunity this legislation offers to secure for dentistry its proper place in public health activities.

Although appropriations totaling $8,000,000 for public health work and an additional $2,000,000 "for research into the diseases of man," are provided for in the Social Security Act, there is no direct provision for dentistry, which Doctor Messner explained was probably due to the meager dental representation in state health departments.

"Only fourteen states," he said, "have specific provisions for appointment of dentists on the State boards of health; and a recent survey revealed that only five states were employing full time dentists."

As their only chance to obtain part of the funds to be appropriated under the terms of the Social Security Act, Doctor Messner advised the organized dental profession to take the leadership in developing a program for dental care for children and adults; a program that would cooperate with existing public health facilities and provide for a dental administrator in charge of a division of dental health in the state health department.

Immediately following Doctor Messner's address a lively open forum discussion revealed divergent views in the dental profession on the merits of the Social Security Act. Robert Gillis, D.D.S., Hammond, Indiana, pointed to the heavy burden of taxation that social legislation has brought to Germany and England. He also warned dentists to be on guard against the implica-

tions in the present Social Security Act, which, he said, might prove to be the thin entering wedge destined eventually to force the dental profession toward some form of health insurance.

Doctor Herbert E. Phillips, Chicago, said he was not concerned over whether the Social Security Act represented the insertion of a wedge leading to health insurance, but rather wished to emphasize the point made in Doctor Messner's paper that the dental profession has virtually no status in public health work because organized dentistry has not developed a comprehensive dental health program. To illustrate his point he said that, in a United States Public Health Survey now being made of 750,000 families in this country, dentistry is almost entirely neglected. He asked that the dentists present accept and act on the challenge made by Doctor Messner.

From national problems Floyd E. Gibbin, D.D.S., Buffalo, brought the dentists back to local affairs and focused their attention on private practice. His survey of 1000 dental offices having convinced him that the future of American dentistry depends on giving an adequate dental service at as low a cost as possible, he recommended that every dentist learn to do his work more efficiently and economically. Assets in developing a good dental practice he listed as personality, enthusiasm for work, and attractive well equipped offices. Citing an encouraging trend for the future, Doctor Gibbin said: "The demand for dental service is increasing; the supply of dentists is decreasing. In 1920 only 11 per cent of our population had dental service, while in 1930 more than twenty-two per cent or virtually twice as many persons visited dental offices."

While economic problems of the dental profession were under discussion in the Dental Economics Section, the technical lectures and demonstrations were carried on in nine other sections. Other groups that also held meetings during the four days of the Chicago Dental Society Meeting included the Illinois State Dental Hygienists Association, the Chicago Club of Women Dentists, the Chicago Dental Assistants Association, alumni associations from the dental schools of the University of Illinois and Northwestern University, and several dental fraternities.

Dear Doctor:

(In which the inquiring reporter stalks the Chicago meeting in search of information regarding two vital questions.)

The year 1936 will long be remembered by dentists and laymen alike as the year when Doctor Leroy L. Hartman announced to the world that, at last, pain involved in the drilling of teeth had been conquered by his discovery of a formula for effectively desensitizing dentine during the often dreaded task of preparing teeth for dental restorations. The pronouncement was a dental thriller in which the public participated more joyously than the profession.

Perhaps it is only fair to Doctor Hartman to state that the public has Columbia University and its well oiled publicity department to thank for the fact that it, and not the dental profession, was let in on the secret first. The reaction, so far as the public is concerned, and the results obtained by the profession might have been different had the natural order of putting the horse before the cart been followed in giving this new discovery to the world.

But that is neither here nor there. The fact remains that an alert press was quick to sense the news value of such an announcement and succeeded in most effectively publicizing the event in almost less time than it takes to tell about it. Accordingly, every dentist in the land has been called upon to turn his office into a laboratory and experiment with the human guinea pigs coming eagerly, almost joyously, to experience for the first time the thrill of a painless session in the dental chair. It may be said with a fair degree of accuracy that never before has any experiment been favored with such a wealth of material as that which marks this one now being carried on daily in offices all over the land.

It is only natural to assume that both the profession and the public are awaiting eagerly the results of this great experiment. The question uppermost in every mind is, "Does it work?" In an attempt to arrive at some conclusion regarding the matter, I went to the Chicago Midwinter Meeting last month and, assuming the rôle of an

inquiring reporter, attempted to find out what experience other dentists are having in the use of the Hartman solution.

The opportunity to interrogate came sooner than I anticipated. On the train going into Chicago Doctor Frank Krejci of Laporte, Indiana, was a fellow-passenger. Conversation naturally drifted into dental channels. We were discussing one of the plans now being promoted to make the public more dental minded, when Frank spoke up and said:

"It's my opinion that the Hartman solution has done more to advertise the dentist and improve business than any other single factor in years."

"What results have you had in using the solution?" I asked, delighted at this unexpected opening.

"Not so good—but perhaps I haven't given it a fair trial," Doctor Krejci replied. "I had one bad reaction—a whale of a toothache. I find that the solution affects only a small localized area. The solution must then be reapplied when you get out of this area."

"How are business conditions in your locality, Frank? Find any improvement?" I asked. This was the second question about which I was determined to get some first-hand information at the meeting.

"Well," he replied, "I think business conditions generally are improved somewhat. I find collections much better but not much improvement in the volume of business. Patients are still buying automobiles and radios in preference to dentistry. I believe our profession will be one of the last to improve."

Across the aisle, a third party was listening with evident interest to our conversation. During a moment's silence the layman spoke up with apologies for cutting in on our conversation. Overhearing what we had said, by which we were identified as dentists, he said that he couldn't help wondering why a dentist doesn't have a price list in his office, for the benefit of his patients, and also, why the various dentists in a community do not have uniform fees.

Doctor Krejci explained—very well, I thought—that a dentist gets into trouble by putting up a price list and trying to hold to it, because there are factors entering into every operation which influence the fee that must be charged for the work, the big factor being the time element. He stated that the fair and business-like procedure was to give the patient a thorough examination and advise him in advance as to the approximate amount and kind of work that it is necessary to have done and how much it will cost.

The interested passenger then replied that, in his town of 2500 population, his dentist requests cash upon completion of the work and, in the event the patient cannot pay cash when the work is finished, the dentist has him sign a note covering the amount due. This note is then taken to the bank with which the dentist does business and it is collected by the bank at no charge. The layman stated that comparatively few patients failed to pay their notes at the bank when due and he felt that the whole transaction was put on a more business-like basis when the bank was involved in the deal.

The entire conversation was valuable and interesting, as is sometimes the case when a patient voluntarily offers his opinion on professional matter.

That evening in the Stevens Hotel, I lost no time in seeking answers to my two pet questions. A friend from Boston was one of the first I happened to run across. While a Bostonian and a New Yorker seldom agree on anything, I knew Ted could be relied upon to be honest with me.

"I've tried the Hartman solution on different cases with discouraging results," Ted replied to my query. "I have found that it may work fairly effectively on one tooth and then when I try it on another tooth in the same mouth, I can get no results whatsoever."

"Poor fellow!" he added sympathetically, referring to Hartman. "I feel sorry for him."

"Do you find any improvement in business conditions in Boston?" I queried.

"A little, perhaps," he replied, "but one still has to scratch to find business. Mine is still considerably below normal. People in the East are beginning to spend a little more money, but it is not yet finding its way to the dentist."

Next I singled out a stranger from the crowd for an interview. His badge indicated that he was a Chicagoan. His response to the Hartman question was enthusiastic.

"I have had excellent results," he said, "but not at once. The first bottles of the solution I obtained were evidently poor, because I didn't get good results. Then I had a pharmacist friend of mine make up a solution for me and have since been well pleased. Only recently I tried it out on a sensitive three-quarter crown preparation, and the results obtained in this one case were well worth the purchase of the solution. The use of good, sharp burs, run slowly so as not to create heat during preparation, is most necessary to obtain good results."

Doctor C. J. Moore was seated comfortably in a lobby chair, engrossed in nothing more serious than watching

the crowds go by. I thought he looked good natured and wouldn't mind being disturbed.

He told me he was from Grand Island, Nebraska, of which I had never heard, but I soon learned that it was a thriving community of 20,000 people, located in the heart of the farm belt.

"You see," Doctor Moore explained in discussing business conditions, "our community is essentially an agricultural one. The AAA has helped the farmer tremendously and the consequent betterment of the farmer's conditions has been reflected in improved business conditions."

"But," I questioned, trying to dampen his enthusiasm, "hasn't the extreme cold weather this winter tended to retard your business, Doctor Moore?"

"On the contrary," he surprised me by saying, "the cold weather has stimulated my business. Most farmers have plenty of time on their hands during this severe cold weather and have found that this is a good time to have their dental work done."

"Has the Hartman solution come to Grand Island yet?"

"Yes. At first our men were against it but a group of eight of us tested it out and attained, I should say, about 40 per cent results."

Probably the most enthusiastic statement given me was that of Doctor E. V. Burns of Findlay, Ohio.

"I have used the Hartman solution on six of my toughest cases and haven't had a failure. You can put me down as having 100 per cent success. I didn't get it with one application of the solution but with several in each case. I mix my own solution. This must be prepared by weight and not by volume, in the following proportions:

Thymol 5 grams
Alcohol (190 proof) 4 grams
Suphuric Ether (fresh supply) 8 grams

"It is essential to use a fresh solution to get results."

Doctor M. D. Huff, a member of the faculty of the dental school at Atlanta, Georgia, was anything but enthusiastic about the desensitizer. He stated that he told his students that the original report on the solution was presented in a most unscientific manner and that all he knew about the solution is "what I read in the newspapers." Because the application of the solution can only be viewed in the light of an experiment, he has advised his students to obtain a release from their patients before using it.

Urging extreme care in the use of so volatile a substance, he related the story of the Birmingham, Alabama, dentist who used the solution so close to an open flame that the contents of the bottle exploded. The patient is about

to lose an eye as a result of this unusual accident.

Doctor R. C. Shurr of Valparaiso, Indiana, made these significant comments regarding business conditions:

"I find business conditions much better both in point of income and in the number of patients seen. I spent a great deal of time educating my patients during the depression to the value of good dentistry, whether they could afford to have it at that time or not. Now the results are beginning to come back to me in material gain and I'm going to keep it up."

"What about the Hartman solution, Doctor Shurr?" I asked.

"I've gotten some good results by applying the solution to a certain point, working a minute, and then applying it again. I have used it on selected cases and found it effective.

"I experimented in one mouth on an upper right and left lateral having identical carious conditions. One I dried off and applied the solution to it. For the other, I used infiltration. In the case of the cavity to which the solution had been applied, the patient stated that the sensitiveness had been cut down about 80 per cent; that is, about 20 per cent of the sensation was felt. No sensation was felt in the tooth under infiltration."

A member of one of our large clinics, who did not wish to be quoted, stated that some violent reactions had been experienced at the clinic in using the Hartman solution in deep cavities of children's teeth. An almost immediate, severe toothache resulted in these cases. When this occurs, the cavity is immediately phenolized and carbo-eugenol or zinc oxide and eugenol is placed in the cavity and left for a period of two or three months.

From Madison, Wisconsin, comes one of the best reports of business conditions. Doctor H. J. Huffman is authority for the statement that business is greatly improved in that city and that his own business is virtually back to the 1929 level. As a manifestation of improved business conditions he stated that he is enlarging his office and added that several other dentists in the city are making like improvements.

A few statements picked at random from the many given the inquiring reporter at the meeting follow:

Doctor Robert Gillis, Hammond, Indiana: "I'm not enthusiastic about Hartman's solution. The public is expecting a lot more from it than they should, due to premature publicity. I still prefer novocaine. As to business conditions, I think they have improved generally."

Doctor A. J. Sadd, Cleveland, Ohio: "I have received

about 50 per cent results with Hartman's solution. I do lots of children's work and have had several cases where violent reactions resulted. I am particularly opposed to the manner in which this new desensitizer has been publicized."

Doctor L. R. Johnston, Lincoln, Nebraska: "Although I have used the solution according to directions, I have obtained no results. I receive better results with phenol.

"Business conditions are greatly improved due to the favored condition of the farmer. We have received many set backs in our locality, such as the dust storms last year, but give us a good crop and we're O.K."

Doctor Clarence Mason, South Bend, Indiana: "In the few cases that I have used the Hartman solution, I would say that about 40 per cent were perfect; 30 per cent fair, and the rest failures. I am particularly aggravated at the publicity given.

"I find business considerably improved. There are more patients and people are a little bit better educated to paying their bills."

These statements and many others obtained present a fairly clear picture of the reaction of the dental profession to date to the introduction of the Hartman solution. Results of a poll, taken by the Society at the meeting, on the use of the solution appear on page 502 of this issue. Conclusions as to success or failure in the use of the solution are not essentially different from those herein reported.

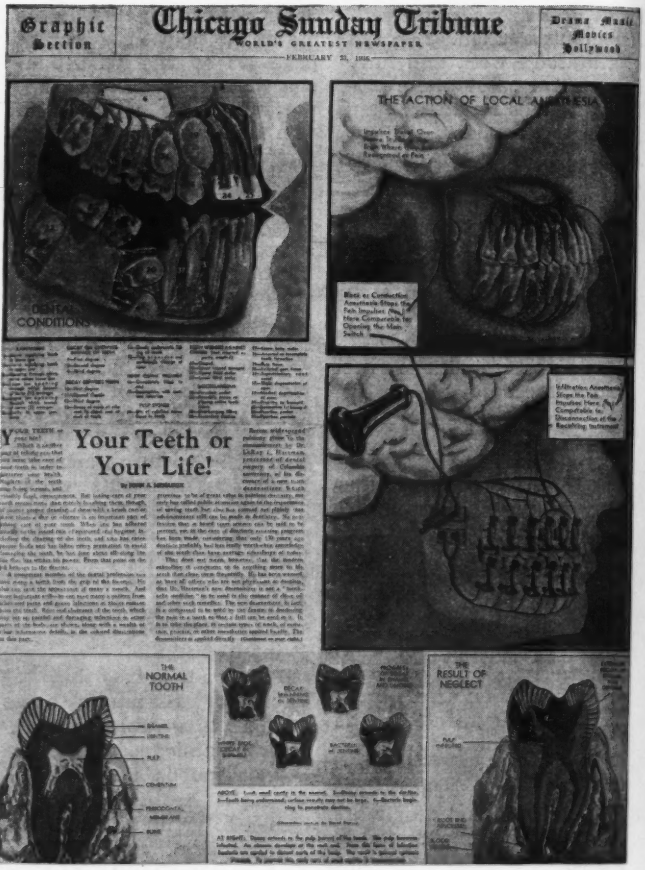
It is probably not fair to pass judgment on the product so soon after its introduction to the profession. The discrepancy which seems to exist between the results obtained by Doctor Hartman and those noted by the profession at large will eventually have to be analyzed and explained. It is quite likely that, in Doctor Hartman's hands, better results will be obtained than in most dental offices throughout the country. After a man has experimented for twenty years with a product, he knows better than anyone else how to use it intelligently.

Perhaps it is true that, because of the unfortunate manner in which the discovery was announced, an overanxious public has been lead to expect too much of this "boon to mankind." On the other hand, however, the widespread publicity given the episode has done more to make the public dental conscious than any other event in dental history.

Your Inquiring Reporter,

REX N. DOUGLAS, D.D.S.

506 South Second Street
Elkhart, Indiana


Graphic Section

Chicago Sunday Tribune

WORLD'S GREATEST NEWSPAPER

FEBRUARY 23, 1936

Drama Music Movies Hollywood

DENTAL CONDITIONS

THE ACTION OF LOCAL ANESTHESIA

Your Teeth or Your Life!

THE NORMAL TOOTH

THE RESULT OF NEGLECT

These photostatic reproductions were made from a two page illustrated article "Your Teeth or Your Life" published in the graphic section of the Chicago Tribune. The article,


Your Teeth or Your Life!—*and What to Do About It*

How Hygiene and Dentistry Preserve Health

written by John A. Menaugh from information obtained in an interview with a dentist, is intended to advise the public on dental problems and act as a guide to dental health.

EDITORIAL COMMENT

Give me the liberty to know, to utter, and to argue freely according to my conscience, above all liberties.—John Milton

"YOUR TEETH OR YOUR LIFE"

■ This is the title of a two page, illustrated article that recently appeared in the graphic section of the *Chicago Sunday Tribune*. This is the kind of educational publicity that has value to the dental profession. With a circulation of more than one million, this is the type of story that will have a wide public reading. A double page reproduction of the article appears on pages 512-513 in this issue.

The article in the *Chicago Sunday Tribune* is an excellent example of the application of the basic principles of a sound public dental health educational effort. What, specifically, are some of these principles? The information given, we are all agreed, must be factual, definite, and convincing. Discussion should be confined in the main to the common dental conditions (caries and periodontal disorders) rather than to unusual or uncommon conditions. The story must be written with simplicity to appeal to the "mass-mind." It must be presented to compel and to hold interest. It should reflect dentistry in the best light as a progressive and alert profession that is developing as a science and an enlarging social concept. The educational effort should not glorify persons or small groups. It should not attempt to popularize by being facetious. The appeal in the interest of health should be positive rather than negative: not suggesting what will happen as a consequence of neglect (the appeal by intimidation or fear) but rather emphasizing the profits and rewards from positive action. To add another chapter in hypochondria to the life history of the American public is not the function of professionally inspired public educational effort.

The *Chicago Tribune* article "Your Teeth or Your Life" tells

in simple terms with adequate illustrations the story of tooth decay and its serious sequelae; the rôle of nutrition; the importance of the deciduous dentition and the first permanent molar; the value of orthodontia; the possibilities of restorative dentistry; and the facts regarding pyorrhea. These facts presented alone and unadorned might have been as grim and dull as a lecture to the public on physiology or hygiene. However, colored illustrations showing dental conditions were used to attract interest, and black and white illustrations, to show the evolution of dentistry from its crude beginnings to the present day. The most important thought and the one constantly emphasized throughout the entire story is that *only a dentist is competent to treat dental disease;* that he is a true public benefactor. This quotation is an example:

"When one has adhered strictly to the sound rule of approved oral hygiene, including the cleaning of the teeth, and also has eaten proper foods and has taken every precaution to avoid damaging the teeth, he has done about all along the line that lies within his power. From that point on the job belongs to the dentist.

"A competent member of the dental profession can save many a tooth from the grip of the forceps. He also can save the appearance of many a mouth. And more important still—he can save many a patient from aches and pains and grave infections in places remote from the teeth."

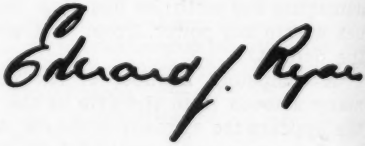
To us these statements are obvious and commonplace: they are facts of our daily lives. This *is* news, however, to millions of American citizens. Appearing, not as paid advertising, but in the feature pages of a metropolitan paper, these statements carry with them the disinterestedness of the third party speaking for the public welfare. Better that someone else chants our praises than for us to do it blatantly ourselves.

There is a publicity in forward gear and a "publicity in reverse." The Hartman publicity story[1] is an example of the latter; the *Chicago Sunday Tribune* story, of the former. By cooperative effort among dentists, dental organizations, newspapers, magazines, press syndicates, and radio stations, it has been demonstrated in many communities that genuine dental health education is possible.

If we really believe that it is a case of "Your Teeth or Your Life" and conduct our professional affairs in that serious spirit, we will have no great trouble in enlisting public support for dental health education. If, however, we conduct campaigns in the jargon of the salesroom and market under the direc-

[1]Editorial. Publicity in Reverse. ORAL HYGIENE 26:64 (January) 1936.

tion of those who do not understand the professional spirit, we can expect no cooperation from newspapers and magazine editors or radio managers; they will tell us, if we propose a selfish sales campaign, to use the advertising pages or buy "some time on-the-air." If we choose to be merchants, we must use the technique of merchandising; if we choose to be educators on the vast subject "Your Teeth or Your Life," we may expect public support. A sales campaign using paid advertising would suggest that the self-interest of the dental profession was our first concern. An educational effort using the existing facilities of newspapers, magazines, the radio, health departments, the United States Public Health Service, can produce an enlightened citizenship. An increase in the wave of "sentiment against suffering" will act as a stimulus to action toward positive health—this is the objective of all public health education.



DEAR ORAL HYGIENE

"I do not agree with anything you say, but I will fight to the death for your right to say it."
—VOLTAIRE

SHOULD PHYSICIANS PRACTICE DENTISTRY?

In February ORAL HYGIENE Doctor Gleason[1] asks, "Why then does the State deny me the right to treat so simple a thing as a decayed tooth, apparently considering me untrustworthy?"

Doctor Gleason, medicine is your business. You have qualified to practice it. You contribute to societies that work to perpetrate your legal right to continue in practice. They discourage in no equivocal manner all and any who attempt to "muscle in" on your privilege. After your extensive perusal of dental magazines you might, indeed, with a little clinical practice, perform many dental operations as well or better than do many poor dentists. The same thought applies to some good dentists; that is, they might, after a medical interneship in a hospital, treat some cases as well or better than do some of the poorest physicians. Since in these days the professions are primarily for the benefit of society, society can scarcely benefit from the ministrations of an untrained physician, dentist, lawyer, or other incompetent public servant.

Hundreds of years ago, when barbers were even less clean than now, they extracted teeth, lanced abscesses, performed cesarean operations, bled and blistered the stricken, and executed other atrocities on the sick and suffering. Here and there competition became so keen that barbering was several stages lower in the economic field than dispensing putrescent beer from a mouldy tub. A few of the agressive and poverty-stricken barbers clubbed together into a little society in order to protect their vocation and perhaps to assure themselves of enough food to hold body and soul together. Even in those ancient days human nature was much as it is now; so the society hypocritically demanded some apprenticeship before allowing the bums and riffraff of town and country to engage in surgery. The demand for qualification was nothing more than a red herring hung under the nose of the laity to confuse it into believing that the new preparation was in the public interest, while in truth the organization was only interested in obtaining more work at higher fees.

Of course, these barber-surgeons knew distressingly little of

[1]Gleason, S.: Disagrees With Doctor Janke, ORAL HYGIENE in DEAR ORAL HYGIENE Department 26.221 (February) 1936.

their work. They believed that toothache was caused by a worm in the tooth. Not one knew of the circulation of the blood. The great anatomists were artists and sculptors. In spite of some monastically educated instructors, such as Rabelais and Constantinus, the majority of the healing gang was wholly illiterate.

A strange condition developed from this humble beginning of organized medicine. The societies grew—slowly it is true—but they grew in number and in power. These small minorities gradually and slowly through the centuries obtained recognition from the public, the rulers, and the legislatures, until now we see the professions inclosed by a wall insurmountable to any except those who, by education, training, and examination, are finally able to gain access into the group of their choice.

You, Doctor Gleason, cannot practice the kind of dentistry that the State now demands from the profession because you are not trained for the work. The practice of dentistry covers a field of tremendous size. Twenty-five years of conscientious work in that field only brightens the prospective of what should be learned for the purpose of giving improved service to mankind and impresses the individual with the futility of ever mastering his art and science. It may surprise you to read that the average student of dentistry requires five years of clinical experience before he can operate well through a magnifying mirror, and that after a month's vacation a skilfull dentist is for about two days most awkward and inaccurate with his instruments. Occasionally, there are office assistants, laboratory men, and physicians, who have the temerity to undertake minor dental operations. These unqualified persons invariably come to failure through lack of skill and knowledge, and much sooner than does the skilled and trained practitioner.

Thus the thought follows: Your physician acquaintance, ". . . who, when he removes a child's tonsils takes out every decayed tooth he thinks ought to come out," is admirable if he first has taken roentgenograms of the child's teeth and if he has sufficient skill and armamentarium to really remove all of the offending teeth without injury to the matrix of any unerupted tooth. Irreparable damage is caused to permanent teeth and dental arches by unskilfull operators who traumatize or infect the capsule surrounding partly-formed or unerupted permanent teeth. All patients are entitled to skilfull surgery, but even more are children, and "whoso shall offend one of these little ones . . ." and so on.

It is laudable for you, Doctor, to read the dental publications. Physicians are abysmally ignorant of the field of dentistry, the mechanics, therapeutics, and surgery relating thereto. Dentists wish that physicians knew much more about dentistry than they do. Such knowledge would help them to advise patients correctly. Such advice would, of course, benefit the patient and also the dentist. You are paid for giving good advice while dentists are seldom paid except for mechanical or operative service.

Dentistry and medicine are so closely related that, as you say, "Every physician ought to know as much about the teeth as any other organ of the body," but unfortunately physicians in general know no more about teeth than do dentists in general know about stethoscopic examinations. Pediatricians are a prolific factor in the decay and loss of deciduous teeth. These specialists succeed in inducing remarkable development in small children at the expense of their dentition. It is a too common occurrence

for a mother to come in the dental office with a husky youngster of 2½ or 3 years who is suffering from toothache and widespread caries, for dental care. The dentist usually asks if the child eats between meals. He is answered in an absolute negative, whereupon the mother makes her little speech that since birth Johnny has been under the care of Doctor X, the well-known child specialist, that Johnny has a scientifically-balanced diet including orange juice and cod liver oil, and that he eats nothing between meals, except, of course, a pint of milk and graham crackers at 10:30 in the morning and an apple with some Swedish bread at 3:00 in the afternoon, and of course, an apple whenever he wants it because apples clean the teeth and do not cause decay. All right, Doctor, you may elaborate on "every physician ought to know as much about the teeth as any other organ of the body." The writer feels that he has written enough about this hiatus of pediatrics.

Thank you for your letter. Let each of us apply himself to his chosen profession, but when one of us must trespass over the border of his own specialty, let him know positively what he is doing, and may he retire as quickly and gracefully as possible into his own domain.—W. D. ROSE, 162 *Lafayette Street, Schenectady, New York.*

STATE BOARD EXAMINATIONS

National Board of Dental Examiners will hold examinations May 22-23 for candidates taking Part I and Part II. Sessions will be held in schools where there are five or more candidates. For information write to Doctor Morton L. Loeb, 66 Trumbull Street, New Haven, Connecticut.

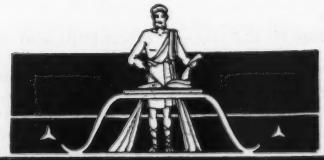
Florida State Board of Dental Examiners, next examination, Jacksonville, June 22-26. Applications must be filed 30 days before examination. For information write, H. B. Pattishall, D.D.S., 351 Saint James Building, Jacksonville.

New Jersey State Board of Registration and Examination, annual examination, June 29-July 3. For complete information, write John C. Forsyth, D.D.S., 148 West State Street, Trenton.

California State Board of Dental Examiners, annual examination, San Francisco, at Physicians and Surgeons College of Dentistry, May 25; and in Los Angeles, Room 804, City Hall, June 15. Complete information can be obtained from Kenneth I. Nesbitt, State Building Annex, San Francisco.

The June Examination of the Ohio State Dental Board will be held at the College of Dentistry, Ohio State University, the week beginning June 22. For information write to Morton H. Jones, D.D.S., 1553½ North Fourth Street, Columbus.

Virginia State Board of Dental Examiners, next regular meeting, Medical College of Virginia, Richmond, beginning 9 A. M., June 9. For application blanks and further information write to Doctor John M. Hughes, 715 Medical Arts Building, Richmond, Virginia.



Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

EXCESSIVE RESORPTION

Q.—My patient, 35, in good health, has worn a full upper denture for three years and a full lower denture for one and one-half years. The upper is functioning properly but the lower ridge resorbs and is getting flabby. The denture settles and cuts the soft tissues frequently.

I have prescribed bone building medicine and diet but the result is discouraging. The occlusion is correct.—C. F. C., Pennsylvania.

A.—We occasionally get these cases in which resorption is excessive and continuous despite everything we can do. It is due, no doubt, to low calcification of the alveolar process in addition to more or less trauma from the shifting of the dentures on their bases during function. Of course no bone that is lost and gone can be restored, but I do believe that a patient with a weak cancellous alveolus can be helped through the proper calcifying diet for that individual patient. Doctor Melvin Page, Muskegon, Michigan, has done good work along this line. You might write to him for advice.

It is also advisable in such a case to use some of the non-anatomic posterior teeth and set them to balance to minimize or if possible eliminate all lateral thrust or shift as the dentures are used in mastication or for jaw support.—V. C. SMEDLEY.

CALCULUS DEPOSITS

Q.—I wonder if you would recommend something for me to use which would dissolve calculus which accumulates rapidly on a lower denture that I recently constructed.

The calculus appears in this case not only on the lingual surface of the lower anteriors and the base rubber thereabout, but tends to creep under the denture and attaches itself to the surface that approximates the tissue. I should appreciate it if you would suggest some means of controlling this.—I. R. H., New York.

A.—Soaking a denture for a period from ten minutes to all night, according to how much calculus has accumulated, in a 50 per cent hydrochloric acid solution will soften it so that it will brush right off with soap and water.—V. C. SMEDLEY.

SENSITIVE AREAS

Q.—Some time ago I saw in your department of ORAL HYGIENE a remedy for sensitive areas at the cervical margin, consisting, as I recall, of tincture of iodine and a saturated solution of zinc chloride. I had some made up and used it with excellent results but have misplaced the exact formula and will appreciate it if you will advise me just what it is.—D. W. H., Alabama.

A.—The formula for the desensitizing solution you requested is as follows:

Zinc Chloride	drams 3
Tinct. Iodine	drams 3
Aq. dest.	drams 3

Another treatment for sensitive surfaces is: Dry the sensitive area and apply 15 per cent tincture of iodine followed in a few moments by 15 per cent solution of silver nitrate. In a few moments again paint with the iodine solution. You will find that the foregoing procedure will correct almost any sensitive tooth surface without objectionable discoloration.—V. C. SMEDLEY.

GRINDING THE TEETH

Q.—I have a patient, a girl, 15, who has the habit of grinding her teeth when she sleeps. Her anterior teeth are showing signs of this wear. I should appreciate any advice you can offer me that would be useful in breaking the habit for the patient.—S. D. M., Minnesota.

A.—It is generally considered that grinding the teeth at night is the result of irritation, either of the general nervous system or locally. I suppose you have checked the mouth over carefully to see that it is perfectly healthy and that there is no decay in the interproximal spaces. It would be wise to take roentgenograms of the entire mouth to be sure that there is no irritation in this region. Then the occlusion should be carefully checked to see that there is no irritation from malocclusion. The next step would be to see that the general health is as good as it can be.

If you fail to accomplish results by carrying out the foregoing suggestions, it might be wise to make a little vulcanite splint to fit over the teeth on the upper jaw and to be slipped on at night, or over both jaws providing flat smooth occlusal planes. These can be held in place with two or more basket clasps on each splint.—V. C. SMEDLEY.

IRRITATING DENTURES

Q.—About six months ago I made full upper and lower dentures for a woman of about 45. The upper denture was made of a thermoplastic material, and the lower of vulcanite.

Not long after I placed the dentures in her mouth, the patient developed sores in the corners of her mouth and saliva began to seep out of the corners. The corners look abraded and sometimes bleed when she opens her mouth wide, as in yawning.

How can this condition be corrected? Will opening the bite make the necessary correction? Her occlusion is correct and she has no trouble while eating.—G. E. O., Kansas.

A.—Making new dentures or rebasing the old ones to open the bite considerably and provide buccal plumping will usually correct this sagging at the corners of the mouth with consequent soreness from saliva seeping into

the deep wrinkles. You can test this out by bushing the old dentures up with modeling compound and letting the patient wear them so for a few days.—V. C. Smedley.

CRIME DETECTION

Q.—I have been requested by a lay group to give a talk on some dental subject. Not wishing to be open to the criticism of advertising myself, I demurred, but on their insistence I suggested that I might talk to them on some such subject as *Dentistry and Crime Detection.*

I have now the problem of collecting my material in the most concise form possible. I am looking to you to help me obtain the reference or references and suggest the method of obtaining these.—M. F., New Jersey.

A.—I would suggest that you write to The Bureau of Public Relations, American Dental Association, 212 East Superior Street, Chicago, Illinois. They have some compiled information and a number of prepared papers for delivery to lay audiences that are held available to American Dental Association members. I cannot, however, say whether or not they have a prepared article on the subject of crime detection.

During the past two years considerable material on the subject of dentistry and crime detection has appeared in ORAL HYGIENE. In particular I refer you to the article HOW DENTISTRY CAN AID IN CRIME DETECTION by J. Edwin Armstrong[1] and CRIME DETECTION THROUGH DENTISTRY by J. Voorhies.[2]—V. C. SMEDLEY.

[1]Armstrong, J. E.: How Dentistry Can Aid in Crime Detection 24:845 (June) 1934.

[2]Voorhies, J.: Crime Detection Through Dentistry 24:1082 (August) 1935.

CHECKING SALIVA

Q.—This is the first time I have consulted your department. I thoroughly enjoy your magazine and read your questions and answers many times, because they are oddities, and I realize the thought and care you must give these articles before attempting to prescribe for the puzzled dentist and the suffering patient. You are real dental diagnosticians, and I congratulate you on your wonderful work in the interests of the profession.

I have often seen the question asked, "How can I check excessive flow of saliva?" and I have never seen this answer in print.

Take a quart of water as hot as the patient can comfortably stand and tell your patient to take a mouthful and spit it out when heat has dissipated. This should be repeated until the whole quart has been used. This will milk those glands completely dry, and a dentist can work for twenty minutes to one-half hour without inconvenience. This method is simple yet effective for troublesome cases.

A.—Before considering the roentgenograms enclosed with your letter, let me thank you for your kind words about our department, but especially let me thank you for your instructive suggestion about decreasing an excessive flow of saliva. This simple treatment will not only be helpful to dentists whose patients have such an excessive flow of saliva that it is only with the greatest difficulty that the dentist can work, but it will also answer a question which this department has had propounded to it several times; that is, "How can public speakers decrease excessive saliva?" Recently we had this question asked in relation to a minister whose flow of sa-

liva upon attempting to preach was so great that it hampered his enunciation.—GEORGE R. WARNER.

SILVER NITRATE AND DENTAL CARIES

Q.—I have a few questions that I should like to ask you. First, do you think that in using silver nitrate (ammoniated) for sterilization the germicidal effect penetrates all existing caries? I am assuming that some caries is still present, not that I ever knowingly leave any. I use silver nitrate as an indicator since I find that it turns any caries area black immediately, while the sound dentine darkens much more slowly. If those dark areas were left, do you think that they would be sterile, and do you think that they include all of the caries down to sound dentine?

When is a cavity generally considered to be completely excavated? I was taught that it was when all soft dentine was removed. This leaves dark, discolored areas at times that arouse my suspicions.

Do you think that phenol will sterilize such spots? Will phenol sterilize such small specks of soft dentine, unknowingly left, such as I have referred to? How long should it be in contact with the cavity surface?

Before placing restorations I have used silver nitrate to sterilize cavities that I thought completely cleaned out only to have certain spots turn dark at once. This has led me to wonder what happens when we use phenol and cannot see so clearly that something has been overlooked.

I should appreciate knowing your opinion on these points.—R. E. C., Illinois

A.—The determination of the efficacy of silver nitrate in the treatment of carious dentine seems to be quite difficult to work out scientifically.

That silver nitrate is a bactericide has been definitely established and that it retards the extension of caries has been pretty well established clinically.

Just how much one can depend on the precipitation of silver nitrate in dentine and the leaving of a stain as a determining factor between healthy and diseased dentine or safe and unsafe dentine is largely a matter of personal opinion.

Many operators are precipitating silver nitrate in the base of most deep cavities, either the ammoniated, precipitated with formalin or eugenol, or 25 per cent silver nitrate precipitated with eugenol. They feel secure in the knowledge that carious action is stopped. These men frequently leave quite a heavy layer of carious dentine and depend on the silver to stop the progress of decay.

There is another group of operators who remove with meticulous care all demonstrable softened dentine and then cleanse the cavities with absolute alcohol, followed by applications of a varnish or a layer of sedative cement, according to the proximity of the floor of the cavity to the pulp, class of the cavity, history of the tooth, age of the patient, and other essential data. This latter method obviates the danger of discoloring a tooth, a thing which is

likely to happen if silver nitrate is used, no matter how carefully.

In looking for material on the use of silver nitrate for sterilizing dentine I find it listed in the INDEX TO DENTAL PERIODICAL LITERATURE as a subhead, commencing with 1931. I find only two direct references; one in the Australian *Dental Summary* 1922-23, and one in the *Dental Summary* (U. S.) 1922, page 955. Both references are to an article by U. G. Rickert. In the TEXT-BOOK OF OPERATIVE DENTISTRY by McGehee, the use of silver nitrate in children's teeth is discussed but nothing is said about its use for adults except in pulp canal work.

Phenol is not considered of value in controlling decay or sterilizing decayed or softened dentine.—GEO. R. WARNER.

ELECTROGALVANIC IRRITATION

Q.—Several of my dentist friends have called my attention to the article "Electrolysis" in the October number of ORAL HYGIENE, more especially to your reply to R. S. W., Missouri.[3] From the brief description I believe it is probable that this is a case of electrogalvanic irritation. Also, after reading the brief note "Excess of Saliva" in the same issue signed C. R. C., New York,[4] and the comment from V. C. Smedley, this impresses me as being a case of electrogalvanic irritation which frequently in the early stages gives no symptoms other than that of an excessive flow of saliva. My reprints have almost been exhausted, but I am enclosing one of the three articles[5] that I have written on this subject.—EVERETT S. LAIN, M. D., LAIN-ROLAND-EASTMAN CLINIC, Oklahoma City, Oklahoma.

A.—I value highly your kind letter as well as the reprint from the *Journal of the American Medical Association* of your article on Electrogalvanic Lesions of the Oral Cavity Produced by Metallic Dentures. Your letter came yesterday morning while Doctor J. Lyndon Carman was in the office making tests in the mouths of our patients for electric currents between dissimilar metals. Doctor Carman has apparatus which registers in micro-amperes. It is the most delicate machine I have ever seen or heard about, therefore, the readings are more accurate than we have been able to get in the past. In addition to making these readings he is making an analysis of the saliva of each person. It is interesting to note that the pH of the saliva in nearly every instance was below seven, in fact it ranged from 6.2 to 6.8. —GEORGE R. WARNER.

ELECTROLYTIC ACTION

I was particularly inter-

[3]Electrolysis: ORAL HYGIENE in ASK ORAL HYGIENE department 23:1400 (October) 1935.

[4]Footnote 3, Excess of Saliva, ibid.

[5]Lain, E. S.: Electrogalvanic Lesions of the Oral Cavity Produced by Metallic Dentures, J. A. M. A. 100:717 (March 11) 1933; Electric Phenomena in the Oral Cavity DENTAL DIGEST 40:214 (June) 1934; Chemical and Electrolytic Lesions of the Mouth Caused by Artificial Dentures. Arch. Dermat. & Syph. 25:21-31 January) 1932.

ested in the article[3] anent "Electrolysis" that appeared in the October issue of ORAL HYGIENE. For many years I have had a theory that dissimilar metals in the mouth, under certain conditions, might cause an electrolytic action and be responsible for the disintegration of the inferior metal and of the tooth structure, especially at the gum margins.

About seven years ago I procured a delicate galvanometer and made a series of about one hundred experiments, all of which proved conclusively that my "hunch" was correct. In order to make the tests scientifically, I had the saliva analyzed by a chemist for pH.

In all cases in which the saliva showed acidity (even mildly), that is, below pH 7, galvanic action was registered when the electrodes were placed on gold and amalgam restorations, respectively.

This showed, regardless of whether the restorations were in adjoining teeth or anywhere in the mouth, provided the teeth were bathed in saliva, which if acid, is one of the best electrolytes known. No reading was obtained between metal and cement or porcelain restorations.

Owing to the weak current, thermo-couple was negative.

There was little difference between old and new restorations after the new amalgam had set. The electrolytic action is, of course, more pronounced in mouths of greater acidity.

The patient's consciousness of galvanic action can be rendered virtually nil by lining all amalgam restorations with cement. A drop of oil of cloves in the cement has a soothing effect on hypersensitive dentin.—E. B. WHITE, D.D.S., 5501 *Greene Street, Germantown, Philadelphia, Pennsylvania.*

LAFFODONTIA

An Insurance Adjuster: "But, my dear man, the fact that her father came home unexpectedly doesn't make it an accident."

Judge: "The constable says you were speeding."

Motorist: "Listen, Judge, I was on my way to Brushville to get my mother-in-law her cat, canary, gold fish—."

Judge: "Discharged. You were not speeding."

She: "Who is the man in the blue coat?"

He: "That's the umpire, dear."

She: "Why does he wear that funny wire over his face?"

He: "To keep from biting the ball players, precious."

Doctor: "Has your husband taken the medicine I prescribed? A tablet before each meal and a small whiskey after?"

Wife: "Well, I think he is a few tablets behind, but he is a month ahead with the whiskey!"

Man: "My wife is cooking her first meal—will you come to dinner?"

Friend: "Certainly, old man. I have always shared your troubles."

Youth (to his girl friend): "I guess you won't be the kind of wife whose only utensil is a can opener, will you?"

Sweet Young Thing: "No, I'll use a corkscrew, too."

Doctor: "I must paint your husband's throat with silver nitrate."

Mrs. Nuerich: "Use gold nitrate, doctor. We can afford the best."

Grocer: "Anything else, madam?"

Woman Shopper: "Oh, yes I want an apple barrel to make a chicken coop for a dog."

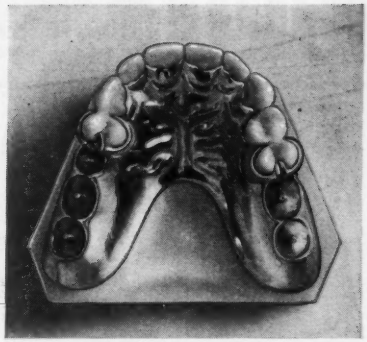
A Scottish landowner was giving a dinner to his tenants to celebrate his daughter's wedding. He gave instructions that a magnificent repast was to be served, and there was to be no stinting of champagne. Two farmers were just partaking of their fifth glass of the very finest champagne when one of them turned to the other and whispered: "I say Donald, I wonder when the whusky is comin' rooned. These foreign moneral waters are very lowerin'."

Mrs. Gnaggs: "I often think that women are more courageous than men."

Mr. Gnaggs: "Yes. Where would you find a man who was brave enough to stop in the middle of a busy street, pull out a mirror and doll himself up before a crowd?"

Satisfied Guest: "Well, waiter, that was a tip-top dinner. You know what that means, don't you?"

Colored Waiter: "Yes, sah. It's one that you top off with a tip."



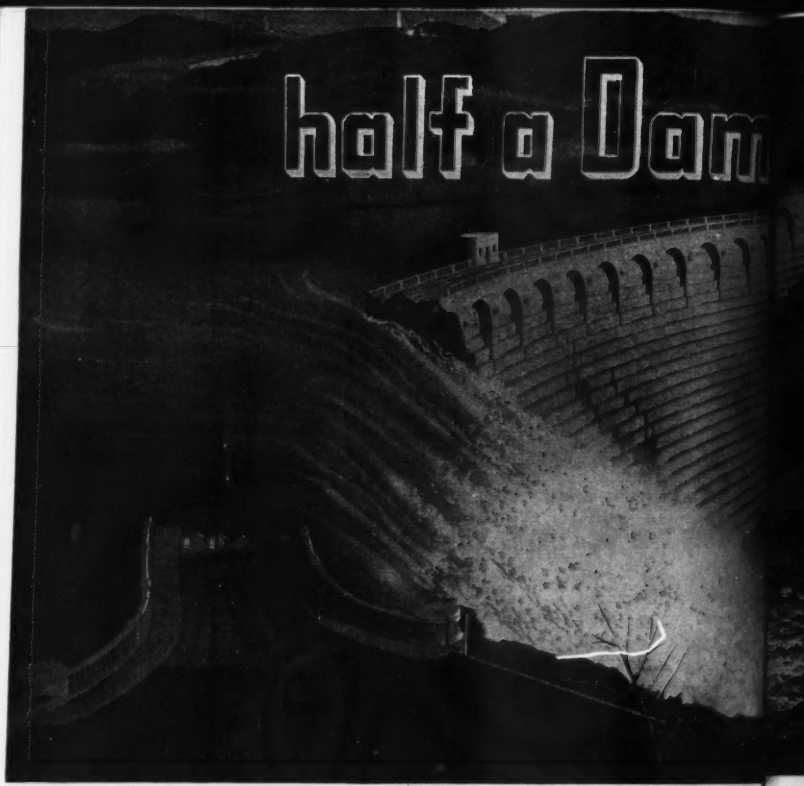
Where should economy stop?

"Just where should I draw the line on low priced alloys?" In reply we can only suggest that it is today more important than ever that you be guided by established leadership which has a reputation to maintain. Every Ney gold ever put out has provided a definite margin of safety. By using Paliney 3 and 4 partial denture golds, you effect economy without sacrificing established standards of safety.

PALINEY 3 $1.15 PER DWT.
PALINEY 4 $1.44 PER DWT.

THE J. M.
NEY
COMPANY
Est. 1812

HARTFORD, CONNECTICUT—CHICAGO, ILLINOIS



Apologies to Chicago American

FOR DAM AND DENTAL PATIENT THE

A.D.A. SPECIFICATIONS NO. 8 CALL FOR CEMENT TO WITHSTAND 5000 LBS. COMPRESSIVE STRENGTH PER SQUARE INCH IN ONE HOUR.

IN ONE HOUR, FLECK'S CEMENT WITHSTANDS 13,000 LBS. COMPRESSIVE STRENGTH PER SQUARE INCH.

SPECIFICATIONS CALLS FOR FINENESS OF POWDER 50 MICRONS.

FLECK'S CEMENT LARGEST PARTICLES ARE ONLY 10 MICRONS.

MIZZY, Inc., DISTRIBUTORS, 105-107 East 16th St., New Yo

no Dam good

THE SEEPAGE WHICH CAUSES THE WASHING OUT OF A DAM IS JUST AS REAL IN A PATIENT'S MOUTH.

FLECK'S CEMENT

IS IMPERVIOUS TO THE FLUIDS OF THE MOUTH AND RESISTS THE INROADS OF THOSE DESTRUCTIVE ELEMENTS PRESENT IN THE ORAL CAVITY.

BEST CEMENT IS NEVER TOO GOOD!

SPECIFICATION PERMITS DISINTEGRATION BY WEIGHT TO 1 PERCENT.

FLECK'S CEMENT SHOWS DISINTEGRATION BY WEIGHT 5/6ths LESS THAN 1 PERCENT.

IN ALL OTHER TESTS FLECK'S CEMENT EXCELS.

FLECK'S CEMENT CONFORMS TO THE REQUIREMENTS PRESCRIBED BY U.S. PHARMACOPEIA (CURRENT EDITION) REGARDING ARSENIC CONTENT.

MIZZY, Inc., DISTRIBUTORS, 105-107 East 16th St., New York

Bacteria and Tooth Decay

WHILE LEEUWENHOEK the Dutch microscopist made his famous discovery of bacteria in 1683 through his observations upon tartar scraped from the teeth, it was not until almost two hundred years later that the importance of the old Dutch lensmaker's discovery to the dental profession was recognized.

Through the exhaustive studies of bacteria by Pasteur, Koch, Lister and others the way had been opened for medical science to prevent contagion, to provide cures and to reduce suffering and mortality among mankind. However, it was Professor W. D. Miller who in 1861 first associated bacteria with tooth decay.

Recognizing Miller's work as a distinct advancement in dental science Dr. N. S. Jenkins, a noted American dentist practising in Europe, discussed with his friend Miller the possibility of producing an agent that would not only cleanse the teeth but would destroy the destructive bacteria that inhabited the mouth. Dr. Jenkins, working in cooperation with Professor Miller, continued his study and experiments until 1908.

In a paper entitled "A Dental Contribution to Preventative Medicine" read before the American Dental Society of Europe, London 1908 and which was published in the Dental Review, November the same year, Dr. Jenkins announced to the dental and medical professions the Kolynos formula which was the result of his exhaustive study and investigations.

Realizing the importance of Dr. Jenkins' discovery to the dental profession and to the advancement of oral hygiene, scientists both in Europe and the United States investigated the germicidal action of Kolynos and verified the claims made by Dr. Jenkins.

Therefore, one of the important effects of Kolynos Dental Cream, through its use in the home by the patient, is keeping in check the activities of the oral bacteria between visits to the dentist.

77

ion of Basic Principles—

THE SAME BASIC PRIMORDIALS

CARVED BY FUNCTIONAL MANDIBULAR MOVEMENTS TO INSURE BALANCE AND MANDIBULAR CONTROL

NEW OCCLUSAL SURFACES

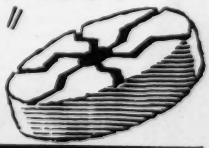
DESIGNED ALONG ENGINEERING LINES WHICH SUIT THE SURFACES TO THE JOB THEY MUST DO

EASY TO WEAR

BECAUSE NON-TILTING SHARP RIDGES AND SHALLOW CUSP ANGLES REQUIRE LESS EXERTION

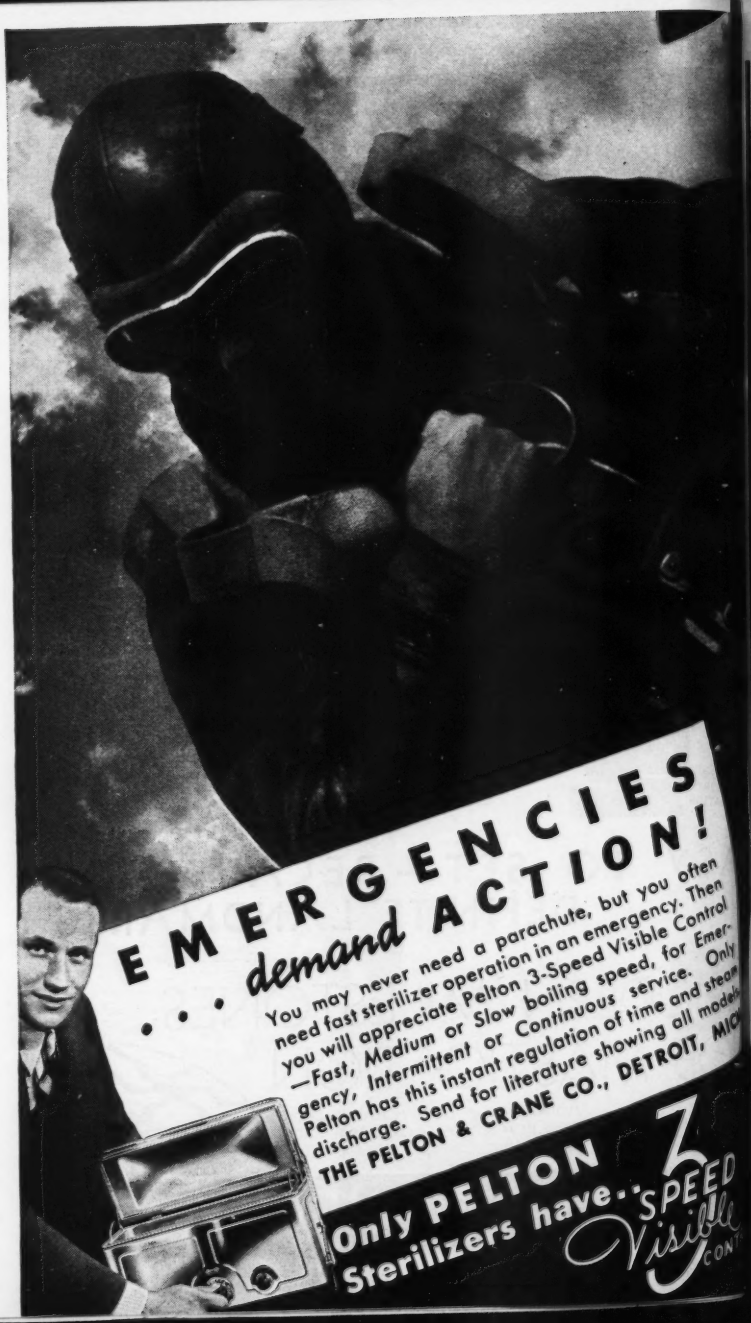
EASY TO SET — BECAUSE OF DEFINITE LANDMARKS

"MODERN MILLSTONES OF MASTICATION"



"MOLAR"– FROM LATIN "MOLA"–MILLSTONE
THESE NEW 20° POSTERIORS ARE THE MOST EFFICIENT "MILLSTONES" FOR THE EDENTULOUS

COMPANY OF NEW YORK


EMERGENCIES
. . . demand ACTION!
You may never need a parachute, but you often need fast sterilizer operation in an emergency. Then you will appreciate Pelton 3-Speed Visible Control —Fast, Medium or Slow boiling speed, for Emergency, Intermittent or Continuous service. Only Pelton has this instant regulation of time and steam discharge. Send for literature showing all models.
THE PELTON & CRANE CO., DETROIT, MICH.
Only PELTON Sterilizers have.. 3 SPEED Visible CONT

ASK YOUR DEALER

★

FREE—a box of **Masel Time Savers** with your purchase of 15 or more **Masel Crowns** within a three month period. Ask your dealer about this attractive offer. It is obtainable through the dealer from whom you purchase **Masel Crowns.**

Masel Crowns are sold throughout the world by 215 depots. Practically every reputable dealer carries a supply in stock.

The following three steps make it easy for you to select and fit **Masel's Ready-Made Crowns.** 1. Choose a band that will fit the tooth, noting the number on the band. 2. Festoon the cervical end of the band to allow it to extend a bit under the free margin of the gum. 3. Trim occlusal end of band to required height; and remove band from tooth. Then consult **Masel Crown** catalogue which will give you both height and circumference of the proper crown to use.

See your dealer today as the special offer is limited.

MASEL CROWN PRICES

18K Gold		22K Gold		Platinum	
B	.95	B	1.30	B	1.65
C	1.15	C	1.62	C	2.05
D	1.35	D	2.01	D	2.45
E	1.55	E	2.34	E	2.85
F	1.75	F	2.62	F	3.25
G	2.00	G	3.05	G	3.80

1 STEP No. 1 — 2 STEP No. 2 — 3 STEP No. 3 — 4

MASEL DENTAL LABORATORY

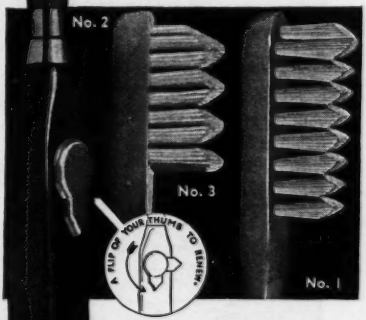
1108 Spruce St., Philadelphia, Pa.

. . . for clean teeth and healthy gums

℞

TRU-BRISTLE RENEWABLE

(The *Prescription* Tooth Brush)



● **A dry, firm, sterile tooth brush is not only best for your patient's teeth and gums, but is also a good common-sense way to help them fight colds! And, Tru-Bristle refills are so inexpensive that worn brushes can be discarded frequently without "pocketbook-burden." Complete Brush 75c—refills 25c each.**

See special dental offer below.

Tru-Bristle Brush Co., Dept. B-436
5300 14th Ave. N.W., Seattle, Wash.

I enclose $____. Please send me:
____Tru-Bristle Renewable Tooth Brushes @ 50c each.*
____Tru-Bristle Demonstration Sets @ $1.00 each.* (Sets consist of 1 complete brush and 3 refills.)
Specify Style Nos. 1☐, 2☐, 3☐

Dr._____

Address_____

My prescription druggist is_____

*** These special less-than-wholesale prices made only to members of the dental profession and their assistants.**

BiSoDoL

A VALUABLE ADJUNCT IN DENTAL PRACTICE

(a) Given preoperatively, BiSoDoL quiets the stomach, helps relieve nerve tension—very often more satisfactorily than sedatives.

(b) BiSoDoL helps to combat the most probable cause of "acid mouth", "teeth on edge", by safely neutralizing stomach hyperacidity and is particularly valuable during the period of pregnancy.

(c) BiSoDoL helps to intensify the analgesic effect of Aspirin, Anacin, etc. and acts as a safeguard against gastric upset.

Quick-Acting, pleasantly-flavored easy to carry

●

Complimentary samples to members of the profession

The BiSoDoL Company

New Haven Connecticut

For convenience
BiSoDoL
IN A TABLET

Merck SODIUM PERBORATE Flavored

An antiseptic cleanser for Artificial Dentures

ITS alkalinity and release of nascent oxygen on contact with moisture, make Merck Sodium Perborate Flavored of particular value as a cleanser and deodorizing agent for artificial dentures. Its action inhibits the growth of anaerobic organisms and aids in breaking up and removing mucoid deposits and food debris from grooves, fissures, clasps, and the porous surface of dentures.

Patients should allow the denture to remain in a freshly prepared solution of Merck Sodium Perborate Flavored for a few hours. Then it may be removed and thoroughly brushed with clear water.

Your patients may obtain Merck Sodium Perborate Flavored at drug stores in 2-oz. and 4-oz. tins. Send for circular "Sodium Perborate an Oxygen-Liberating Agent" with suggestions for use in Vincent's Infection, Pyorrhea and Gingivitis. A professional sample will also be sent.

ACCEPTED AMERICAN DENTAL ASSOCIATION

● MERCK & CO. INC.
Dept. 14, Rahway, N. J.

I am attaching my professional card (or letterhead). Please send office sample of Merck Sodium Perborate Flavored and literature.

Name.....

Street.....

City.....State.....

The advertising of Merck Sodium Perborate Flavored is directed to the dental and medical professions.

CANNED FOODS AND THE PUBLIC HEALTH

III. Chemical Preservatives

• Some of our readers have inquired as to whether or not chemical preservatives are used in commercially canned foods. In certain instances, this question was inspired by the fact that "canning compounds" were formerly sold for use in home canning and preserving operations. Such compounds, however, are rarely used by the housewife of today, and never by commercial canners.

We wish to state here that *no preservatives are used in commercially canned foods.*

Spoilage of foods is principally caused by the growth and multiplication in food of microorganisms such as yeasts, molds, or certain types of bacteria. These microorganisms depend upon the food they inhabit for their nutrition and their life processes produce changes in the chemical or physical characteristics of food, or both. These changes lead us to state that the food has "spoiled."

Like other living organisms, these spoilage microorganisms can grow and multiply in a food only as long as conditions remain favorable for their existence. If any environmental factor, such as temperature, moisture or acidity, becomes unfavorable, these spoilage organisms are destroyed, or their development is inhibited.

All methods of food preservation have a common underlying principle; they all alter some factor or factors in the food environment so as to render conditions unfavorable for the growth or development of spoilage organisms in the food.

Thus, foods may be preserved by freezing or refrigeration, which serves to lower the temperature below that optimum for growth of certain spoilage organisms; dried foods keep because the moisture content has been reduced to an unfavorably low level; certain fermented foods keep because of the development of high acidity. All of these methods produce changes in the environment in which the food spoilage organisms must live.

Commercial canning is a method of food preservation in which the temperature factor in the environment is raised to a level above that optimum for growth of spoilage microorganisms. Thus, canned foods keep because in their preparation they are subjected to heat processes in hermetically sealed containers. The thermal processes raise the temperature of the foods to those temperatures at which the most resistant spoilage organisms present cannot grow or survive. (1)

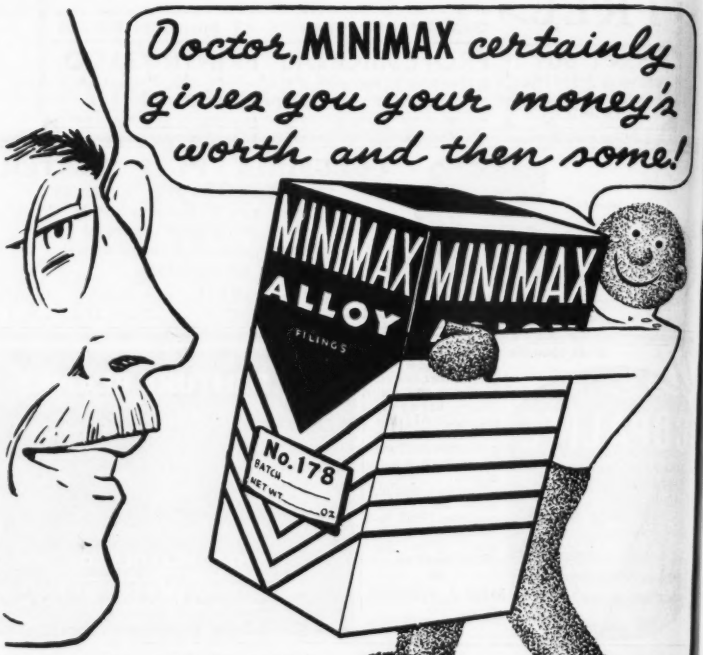
The hermetic seal insures protection against future infection of the food by such organisms.

Thus, commercial canning is a method of food preservation which has for its basis the thermal destruction of spoilage organisms; no chemical preservatives are needed to insure preservation of the foods, and, consequently, none are used.

AMERICAN CAN COMPANY
230 Park Avenue, New York City

(1) The Microbiology of Foods, F. W. Tanner, Twin City Pub. Co., Champaign, Ill., 1933

This is the eleventh in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



Appraise alloys critically, consider their mission, evaluate them every one in light of quality, efficiency, economy —and you will find that Minimax Alloy No. 178 LOOMS LARGE as the ideal alloy!

√ Mission: Minimax helps you render real service.

√ Quality: Minimax is fabricated to minimize the effects of variation in technic meets all specifications in tests and *practice*.

√ Efficiency: Minimax is clean, pleasing to manipulate, readily adaptable packs densely, carves perfectly, polishes brilliantly.

√ Economy: Minimax has the *lowest* price of all high quality alloys.

Use it . . . and you'll understand why Minimax Alloy No. 178 has won the approv of a majority of dentists.

The MINIMAX COMPANY
Medical & Dental Arts Bldg., Chicago, Ill.

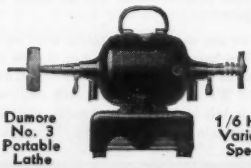
Minimax

You Get More	—You Pay Less
Filings suitable for alloy-mercury gauges.	1 oz. bottle.....$1.80
Complies with Revised (1934)	5 oz. bottle...$1.70 per oz.
A. D. A. Specifications No 1.	10 ozs. .....$1.60 per oz.
	20 ozs. .....$1.55 per oz.

...BUT DUMORE QUALITY IS *No* ACCIDENT

20 years of experience in building dental engines and lathes should be convincing evidence that Dumore equipment has met the most exacting requirements of the dental profession. And for a pleasant surprise ask your Dental Supply Dealer about the initial cost—or write for complete information.

The Dumore Company
Dept. 226-D Racine, Wisconsin



Dumore No. 3 Portable Lathe

1/6 H. P. Variable Speeds

DUMORE
DENTAL EQUIPMENT

SILTEX DENTSTONES

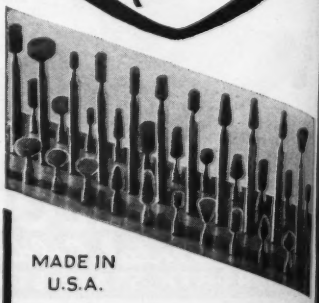
● **SILTEX-DENTSTONES** provide you with the means of doing a better grinding job in less time.

Because of their more efficient, faster cutting qualities they are ideal for cavity and jacket crown preparation. They have just the right grit for this purpose, cutting evenly and smoothly, without heating. They are less enervating for you and easier for your patient.

You will find a size and shape to suit every purpose and after you have used them you will not be without them. Order from your dealer or write for free sample. Address nearest office.

INTERSTATE DENTAL COMPANY, Inc.
460 W. 34th Street, New York, N. Y.
ENAMODENT LABORATORIES, Inc.
619 S. E. Washington Street
Portland, Ore.

Sharp Fast Accurate



MADE IN U.S.A.

MORE

PORCELAIN AT -¦- STRENGTH IN THE PIN LINE -¦- LINE OF STRESS

THE strength of a facing depends on the bulk of porcelain, mesio-distally, at the pin line. The less space taken up by the pins, the less is the body of the facing broken up at this vital spot. So thin are flat pins that the space they occupy in the porcelain is negligible, giving a facing of exceptional strength at the pin line.

Yet flat pins are actually stronger, because they present their greater bulk in the line of stress—which is vertical. *You can't bend a flat pin edgewise!*

Flat Pin Facings, ideal for solder bridgework, are equally suited to cast work, for which flat carbons may be used.

FLAT PIN FACINGS

THE
TRUBYTE SYSTEM

THE DENTISTS' SUPPLY COMPANY
OF NEW YORK

3 YEARS To PAY

HERE is shown the remarkable, new FISCHER Shockproof "DENTAL-X" that created such a sensation at the Chicago Dental Convention.

You can install this unit today on terms so favorable that to delay longer means loss of income. Users tell us that this unit is their best business builder. Radiographic fees and new work uncovered more than balance carrying charges.

FISCHER SHOCKPROOF "DENTAL-X"

It Just Won't Do

I had an X-ray a few years ago and sold it thinking I could get along without one, as I had one convenient in the hospital, but found it just won't do to send patients out for things that you should do in your own office."
--Dr. H.

CAREFUL analysis of the nation-wide preference being shown for the new FISCHER Shockproof "DENTAL-X" reveals three chief facts that should be weighed by every dentist, planning to install his own X-ray. First, this unit is positively shockproof. Second, it has much greater power and both milliamperage and kilovoltage are variable, assuring the finest radiographs. Third, every position is obtainable while the patient remains seated in the dental chair. Get the facts. Mail the handy coupon—today.

H. G. FISCHER & COMPANY, O.H. 436
2323-2345 Wabansia Ave., Chicago, Ill.

Please send your large 2-color folder, illustrating and describing the new FISCHER Shockproof "DENTAL-X"—also full information on your three-year payment plan.

Name .....

Address .....

A product of scientific research to determine the best combination of ingredients for effective cleansing and complete safety.

•

SQUIBB DENTAL CREAM

The Priceless Ingredient of Every Product is the Honor and Integrity of its Maker

E. R. Squibb & Sons, Dental Department, 4004 Squibb Building, New York City.

Attached hereto is my professional card or letterhead. Please send me a complimentary package of Squibb Dental Cream.

Name_____

Address_____

HEXYLRESORCINOL SOLUTION S.T. 37

(Liquor Hexylresorcinolis 1:1000, S & D)

Highly germicidal *Non-toxic* *Non-irritating*
Soothing *Stainless* *Odorless*

THE properties of Hexylresorcinol Solution S. T. 37 which make it such a valuable antiseptic have particular application in the dental field. Actively germicidal, yet non-irritating and non-toxic, it may be used freely following all operative procedures. It may be used as routine treatment following extractions. The patient never objects to Hexylresorcinol Solution S. T. 37, for it neither stains nor stings, has no disagreeable taste. Supplied in 5-ounce and 12-ounce bottles.

SHARP & DOHME

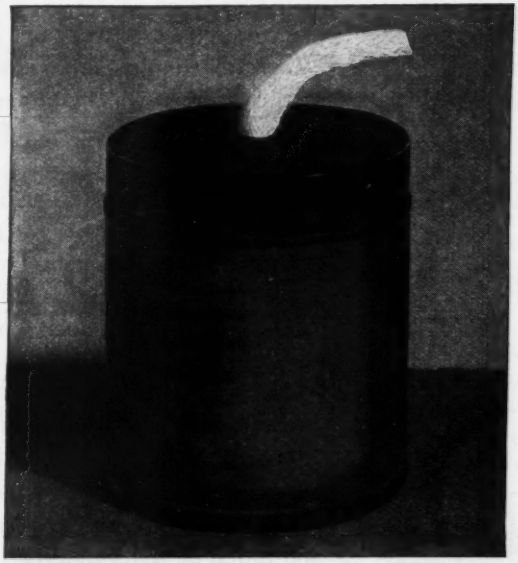
Pharmaceuticals—Biologicals

PHILADELPHIA · BALTIMORE · MONTREAL

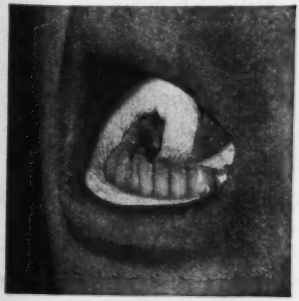
FLEX JR.

by the makers of Vibroflex

LOWER TEETH CHILDREN'S TEETH ALL TEETH
CAN NOW BE KEPT DRY
EASIER BETTER ECONOMICALLY



FLEX JR. is a flexible cotton roll at stiff roll prices. Reloads are easily inserted and efficiently dispensed from this practical container.



FLEX JR. is so easily adapted to the curves of the Dental Arch that a single long piece can be used for Lowers, as illustrated. This new method eliminates frequent changing of rolls. All upper or lower teeth can be kept dry at one time for gingival treatments or examinations.

ORDER THRU YOUR DEALER

Glass Jar filled with 240 inches FLEX JR..$1.00
Pkg. 6 Reloads, 240 inches each.....$1.75
Pkg. 12 Reloads, 240 inches each.....$2.88

VIBRO-DENTAL PRODUCTS, INC.
214 South 12th Street **Philadelphia, Pa.**

How to Select a Vulcanizer

•When selecting a dental vulcanizer the first questions which naturally occur concern safety and durability.

Because Buffalo Dental vulcanizers have stood all kinds of tests for upwards of 69 years, these two important questions as well as those of size, utility, dependability, etc. have been answered for the present day buyer.

● The Famous Lewis Cross bar Vulcanizer

No article of commerce can remain on the market for a period of 69 years unless it has a high degree of merit, and no amount of sales effort can take the place of sheer quality.

So, when you buy such an important piece of equipment as a dental vulcanizer, select the time tested machine and you will find that the matters of quality and durability have been taken care of.

Our new vulcanizer booklet is interesting. Send for a copy.

BUFFALO DENTAL MFG. COMPANY

FOUNDED 1867 **BUFFALO, N. Y., U. S. A.**

JUSTIFIED CONFIDENCE

Viosterol and Viosterol products are manufactured under license from the Wisconsin Alumni Research Foundation by:

A B B O T T

MEAD JOHNSON

PARKE, DAVIS

S Q U I B B

W I N T H R O P

To dentists and physicians, Viosterol has for seven years supplied an accurately standardized source of that important tooth and bone-building factor—Vitamin D.

From their beginnings Viosterol products have been identified with the names of five leading pharmaceutical producers. Through deep-rooted tradition and extensive laboratory facilities, these producers have won the profession's confidence in the reliability and uniformity of their products.

Rickets is a scourge of civilized life. Viosterol, produced under the Steenbock Irradiation Process, provides an abundant, effective and economical source of the necessary Vitamin D. This vitamin facilitates absorption and retention of calcium and phosphorus, strengthens the bones and teeth; serves in the prevention and cure of rickets.

Scientific publications have carried many reports of leading pediatricians and clinicians confirming the efficacy of Viosterol.

Processes of manufacture have been perfected. Quantity production has resulted in price reductions. Accurate standards of potency and dosage have been evolved. Cooperating closely with the five producing houses, the Foundation maintains a continuous service of biological assays. By these means, the soundly justified confidence of the public and the professions in these Viosterol products increases year by year.

*WISCONSIN ALUMNI RESEARCH FOUNDATION

MADISON
WISCONSIN

*A corporation not for private profit . . . founded in 1925 . . . to accept and administer, voluntarily assigned patents and patentable scientific discoveries developed at the University of Wisconsin. By continuous biological assays, the public and professional confidence in accurately standardized Vitamin D is maintained. All net avails above operating costs are dedicated to scientific research.

After Installation
OF DENTURES..
Gelatine
U.S.P.

FOR SOFT, EASY TO CHEW DISHES

Gelatine makes an excellent vehicle for dishes which can be chewed easily, until the patient gradually becomes accustomed to harder foods. Hundreds of such soft, easy-to-chew dishes can be prepared with Knox Gelatine. These are also useful when chewing is difficult after extractions.

Knox Sparkling Gelatine surpasses in all respects the minimum U. S. P. standards of purity. It provides 85% of readily digested and utilized protein.

Dentists recommend feeding Knox Gelatine in 10% solutions (one package dissolved in ten ounces of soup, etc.) for three days before extraction. It has been shown to be of value for reducing blood clotting time where hemorrhagic tendency exists.

Quite a remarkable product—Knox Gelatine. Made as carefully as an ampule solution. For use where additional protein is required in the diet of the convalescent, the tuberculous, diabetic or post-operative patient.

KNOX SPARKLING GELATINE

KNOX GELATINE LABORATORIES
470 Knox Avenue, Johnstown, N. Y.
Please send me informative literature.

.....*D.D.S.*
Address.....
City.....*State*.....

For the finest esthetic and functional results . . Use and Specify

All Nuform Teeth are identified by this trade mark.

NUFORM ANTERIORS

because they're thinner —yet stronger

and

DR. FRENCH'S MODIFIED POSTERIORS

because they are designed to compensate for the normal settling that throws intercusping posteriors "out of mesh."

Available Now at no Higher Cost!

For complete information write for illustrated booklet

UNIVERSAL DENTAL COMPANY

48th and Brown Streets
Philadelphia, Pa.

SPECIFY NUFORM ANTERIORS AND DR. FRENCH'S MODIFIED POSTERIORS FOR YOUR NEXT CASE

A MASTERPIECE
in Creative Chemistry

FOR many years the name Novocain has stood for the highest quality. The combined skill and experience applied in its production assure uniform purity and marked anesthetic potency. It has been the constant endeavor of the manufacturer to supply Novocain in a variety of convenient forms to enable the dentist to choose the most suitable for his needs . . . and the service which Novocain has rendered to dentistry is generally recognized.

NOVOCAIN

Reg. U. S. Pat. Off. & Canada

Brand of PROCAINE HYDROCHLORIDE

PREFERRED BY DENTISTS:

SOLUTION "E" Novocain 2%—
Suprarenin 1:20,000
SOLUTION "T" Novocain 2%—
Suprarenin 1:50,000

In "Klic-Off" ampules—also tablets in various combinations

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician and dentist

NEW YORK, N. Y. WINDSOR, ONT.

Factories: Rensselaer, N. Y.—Windsor, Ont.

462 D

The Men behind "SCIENTIFICALLY SAFE *for* STRUCTURAL SERVICE"

R.C. BRUMFIELD, C.E.; Chief J. F. Jelenko & Co. Research Department, Prof. C. E., Cooper Union, in charge Materials Testing Laboratory, teaching Mechanics of Materials.

THIS statement rests solely upon the character and reliability of the men behind it. It is desirable, therefore, that you, to whom the truth of these words is so important, know the men who have given them their high significance—the men of Jelenko Research Department. Each is a graduate engineer with special training in metallurgy or chemistry. Each possesses those qualities of intelligence and honesty which have given the engineering profession its reputation for high integrity.

These men have justified every confidence placed in them by setting and maintaining the high standards of Jelenko Golds. They are daily justifying an equal confidence from the dental profession. We invite you to submit your problems to our Research Department and assure you they will receive careful consideration.

●

J. F. JELENKO & CO., INC.

Manufacturers and Refiners of Dental Golds

136 West 52nd Street, New York, U.S.A.

JELENKO

Inlay Gold

"OLD FAITHFUL"
For Simple and
Compound Inlays
GOLD COLOR

per dwt.
$1.80

Durocast

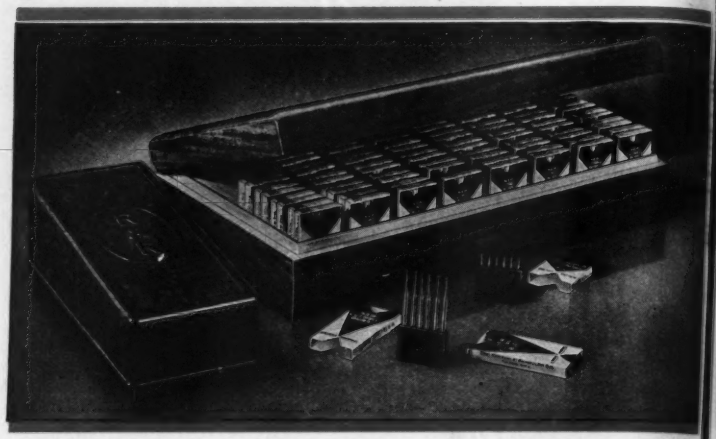
REG. U.S. PAT. OFF.

The Masterpiece of
Carmichael and
Abutment Golds

GOLD COLOR *per dwt.* **$2.15**

These golds have been certified to meet A.D.A. Specification
No. 5 by Jelenko Research Department

J. F. JELENKO & CO., Inc.
Manufacturers and Refiners of Dental Golds
136 West 52nd Street New York, U.S.A.



A New Five-Gross Assortment . .
A New Low Quantity Rate

A more comprehensive assortment of New Cutwells than has heretofore been available, priced at the lowest rate per gross for which New Cutwells ever have been sold! And in addition to the rich mahogany-finish assortment cabinet itself, a handy 1-gross Bakelite tray-case, at no extra cost! At $37.33, this combination represents a value that no extensive user of burs can afford to overlook—especially in the light of New Cutwell performance advantages. For after all, the feather-touch cutting action of New Cutwells is the best insurance any dentist can offer his patient against pain in cavity preparation.

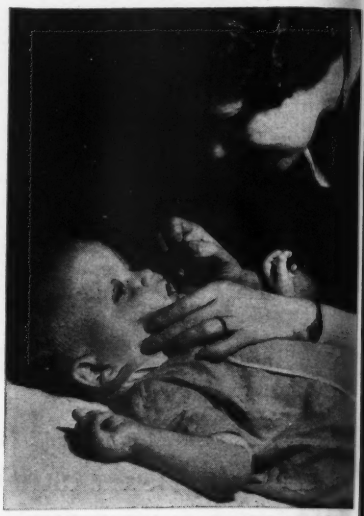
● Comprising 40 dozen plain and 20 dozen crosscut burs—two-thirds for angle handpiece—the burs in this assortment are priced at 20 cents a gross less than the heretofore minimum 3-gross rates. And in addition you get the cabinet and extra 1-gross case— **All for $37.33**

THE RANSOM & RANDOLPH CO. . . TOLEDO, OHIO

New Cutwell

FOR GREATER EASE OF ADMINISTRATION THE TIME-PROVED VITAMINS OF COD LIVER OIL

Concentrated in Convenient, Palatable Forms



The vital therapeutic factors of Cod Liver Oil—the natural-source vitamins A and D—now can be prescribed in modern dosage forms to suit the needs of every type of patient.

White's Cod Liver Oil Concentrate secures the full cooperation of your patient because each form is so easy to take.

Furthermore you are assured that the product you are prescribing

1. Retains the ratio of "A" to "D" characteristic of Cod Liver Oil, as defined in the U.S.P.XI
2. Is 100 times the potency of Cod Liver Oil*
3. Is uniform in vitamin potency—controlled by biological assays repeated at every important step throughout the manufacturing process.
4. Is not fortified by materials from other sources. **WHITE LABORATORIES, INC., 113 N. 13TH ST., NEWARK, N. J.**

*U.S.P.XI Minimum Standard

For infants: Liquid Concentrate for administration in drop dosage. Usual prescription price $1.00 for 5 cc.—the equivalent of 120 teaspoonfuls of Cod Liver Oil.*

For children and adults: Concentrate in tablet form. Usual prescription price $1.00 for 100 tablets—the equivalent of 100 teaspoonfuls of Cod Liver Oil.*

For larger dosage: Concentrate in capsule form. Usual prescription price is $1.00 for 24 capsules (3 min. each)—the equivalent of 108 teaspoonfuls of Cod Liver Oil.*

Larger packages at even more economical prices.

PROMOTED ACCEPTED AMERICAN MEDICAL ASSN. ETHICALLY

White's

COD LIVER OIL CONCENTRATE

White's Cod Liver Oil products are not advertised to the public, but are promoted exclusively through the medical and dental professions.

MIGHTY FORCES IN HUMAN SERVICE

ALL things are measured by their service to mankind. Men build bridges and locomotives, ships and wharves, factories and warehouses because these things serve them. Steel rails and copper wires have been stretched to every nook of the earth; not because the railroad and telephone are merely splendid inventions but because they give a needed service.

So too with Burton Dental Diagnostic Instruments, Operating Lights and Clinical Cameras. They are the results of months . . . yes, years . . . of tireless effort to which has been applied the skill of thorough craftsmanship. With pride we point to over 29,500 dentists who use these scientific aids in the practice of their profession. What finer testimony is there that Burton serves well a worthy need?

Write for complete information about these dental aids.

BURTON MANUFACTURING CO., INC.
605 N. MICHIGAN AVENUE . . . . CHICAGO

OVER 29,500 DENTISTS USE BURTON EQUIPMENT

★ NOW ★

Dr. Kelly's Impression Paste

IN TUBES!

A few strokes of the spatula and it's ready to use—this splendid corrective impression material, better and easier to use than ever before! No smarting. Setting speed always under control. And 40% more Paste at the same price: $2.50 at dealers. Unconditionally guaranteed. Giving superior results. Try it; you'll see.

Kelly-Burroughs Laboratory, Chicago

THE NEW DOUBLE COATED **X-O-DENS** X-RAY FILM

THIS FILM HAS EVERYTHING

Machine-made, round corners
White, moisture-proof packet

EXPOSURE IN AVERAGE CASES	UPPER	LOWER
Central Incisors	3 Seconds	2½ Seconds
Lateral Incisors	2½ Seconds	2½ Seconds
Cuspids	2½ Seconds	2½ Seconds
Bicuspids	2 Seconds	2½ Seconds
Molars	4½ Seconds	3½ Seconds

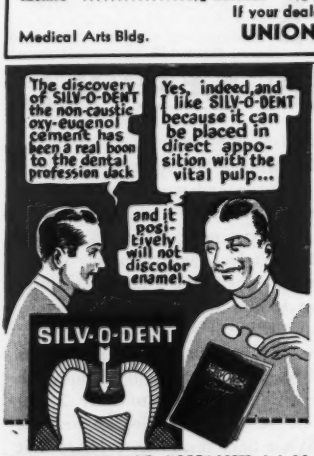
SPECIAL MONEY BACK TRIAL OFFER
4 DOZEN FOR $1.00
USE ONE DOZEN. IF NOT SATISFACTORY, MONEY REFUNDED.
Limited to One Box. Dated Boxes Only, Returnable

Gross One Film Packets $3.50 — *Gross Two Film Packets $4.80*

If your dealer cannot supply, order direct

Medical Arts Bldg. **UNION FILM COMPANY** Indianapolis, Indiana

---



THE SILVODENT COMPANY 6-0-36
17th and Alberta Sts., Portland, Ore.

You may send me a copy of your free booklet about SILV-O-DENT, Oxy-eugenol silver.

Dr.....

Address.....

City and State .....

---

1 out of every 3 Dentists Subscribe to The DENTAL DIGEST

Are you one of these?

Subscription rate only $2.00
The Dental Digest 1005 Liberty Ave. Pittsburgh, Pa.

PARFAIT the World's greatest denture material—sales prove it. Wide range of colors. Insured against mistakes. Get details. Parisien Chemical Co., Toledo, Ohio.

Mail Coupon Today

for your copy of

"Some Difficult DENTURE PATIENT TYPES"

Thousands of dentists have been quick to appreciate the value of this new booklet. It helps them to interpret pictorially and more understandably to patients the reasons why some mouths are more difficult to fit than others and some plates more costly to produce than when the oral structures are conducive to easy denture adaptation.

With respect to the subjects dealt with—the V-shaped vault, flabby, yielding alveolar processes, unbalanced occlusion, thin, knife-like mandibular ridges and immediate dentures, an eminent artist and a conscientious research worker in collaboration with many prominent prosthetic specialists have produced a worthy book and one that will prove interesting to read as well as a useful aid in explanation to these types of cases.

Patients when they first wear an artificial denture desire to appear and feel natural—a naturalness that makes others unaware they wear one. Fasteeth is a great aid in those first days. Samples of this new alkaline powder are now so generally requested that we supply them for you to give first wearers—upon your request only.

So mail coupon TODAY for your copy of the fast-dwindling first edition of "Some Difficult Denture Patient Types" sent FREE with the compliments of the makers of

FASTEETH

The ALKALINE Denture Powder

Tear this out and Mail Coupon

FASTEETH Inc., Binghamton, N. Y. 4-36

Gentlemen:

Yes—please send me copy of "Some Difficult Denture Patient Types."

Name ..... D.D.S.

Street .....

City ..... State .....

Not just a dentifrice but a better dentifrice because it incorporates the good qualities modern research has made available for safer and more efficient dental cleansing. Albodon contains sodium perborate, sodium bicarbonate and sodium chloride in experimentally determined proportions, in a colloid base that keeps the ingredients together and prevents scattering of the powder. Truly a fine dentifrice, deserving of professional recommendation. Available in two sizes.

ALBODON

WILLIAM R. WARNER & CO., Inc.
113 West 18th Street - New York City

"He's a grand Dentist–

BUT why doesn't his wife tell him about ODORONO?"

OF course, any dentist who cares at all about the comfort and respect of his patients is immaculate about his person. But, being a man as well as a dentist, he is very apt not to be as conscious as women patients are of one detail. Working at extremely close quarters, the slightest moisture under his arm produces an odor of which he is blissfully unaware, but which the patient must endure.

Fortunately this odor is easily eliminated simply by eliminating the underarm perspiration. A simple application of Odorono during the morning toilet, two or three times a week, stops this unpleasant odor for several days a week. Nothing more is needed.

Odorono was developed by a physician for his own use on his hands while operating. It harmlessly closes the pores in the small underarm area, diverting the perspiration to other parts of the body.

Instant Odorono (colorless) is quickest in action; should be applied daily or on alternate days.

Odorono Regular (ruby-colored) gives longest protection; need only be used twice weekly. Both priced at 35¢ and 60¢. Sold wherever high-quality toilet goods are found.

ODO-RO-NO

THE ODORONO COMPANY, INC.
191 Hudson Street, New York

Introducing

THE TWELVE POINT

In cake form, size 2 x 2 x ½ in. May be used in either cake or crystal form.

Product of ITECO LABORATORIES
...concentrating exclusively on phenol-formaldehyde denture base materials

DURATONE

DENTURE BASE

Iteco Laboratories...originators of Phenol-Formaldehyde Resins for Denture Bases, now announce Duratone, a new denture base with these 12 long sought qualities:

1 **Natural Color.** The shade, texture and translucency of Duratone are peculiarly its own, and blend with the varying shades of normal gum tissues better than anything else ever devised.

2 **Strength.** The strongest of the condensates and breakage is still further lessened by a degree of resiliency never before achieved. A test strip of Duratone will bend 50% to 100% further than other condensates without breaking.

3 **Color Durability.** Mouth tested in actual cases for more than a year with no change whatever in color. Actual daylight tests where the denture was exposed to broad daylight for more than a year prove that when material is properly cured, it should show no color change in many years of service.

4 **Form Stability.** Form stability of Duratone measures 99 and 58/100% by actual test. Warpage is only 42/100% of 1%, or less than half as much as even the most stable of other denture materials.

5 **Shelf Life.** Duratone can be kept at room temperature for several months without processing and for several years at 50 degrees F. or under.

6 **Odorless and Tasteless.** There is no odor or taste to Duratone.

7 **Translucency.** The peculiar type of translucency of Duratone is so nearly the same as the translucency of normal gum tissues that it reveals the necks of porcelain teeth at gingival margins in exactly the same way that normal gums reveals natural teeth.

8 **Prevents Denture Breath.** The texture of Duratone is positively non-absorbent. Its smooth porcelain-like surface will not admit nor harbor bacteria and mouth secretions cannot penetrate it; hence fetid denture breath is impossible.

9 **Conforms Perfectly to Porcelain and Metals.** Duratone cures with absolute conformity to porcelain and metals, eliminating the possibility of seepage.

10 **Mouth Comfort.** Accurate reproduction of impression, smooth velvety surface, the light weight, the cleanliness, and the more natural taste of food, enable Duratone to give the patient a degree of mouth comfort never before realized.

11 **Thermal Conductivity.** Due to high degree of thermal conductivity, Duratone protects the supporting structures under dentures by allowing normal reactions to heat and cold, thus stimulating the tissues and preventing absorption.

12 **Repairs and Rebases Easily.** Repair material fuses to old denture making the repaired denture as strong as the original. Practically no color change and no form change. *Tinfoiling of entire denture is not necessary.*

● The Iteco laboratory makes nothing but phenol-formaldehyde resins; furthermore this laboratory makes these resins for only one purpose, that of denture bases. There is such a wide variation in the characteristics which can be developed in a product of this type with the differences in the formula, timing and temperatures, that the special purposes for which the product is to be used is a determining factor.

For 12 years Iteco has made this one product for this one purpose. Duratone is the final result of the efforts of this laboratory to produce a denture that possesses to the highest possible degree all qualities which the dentist desires.

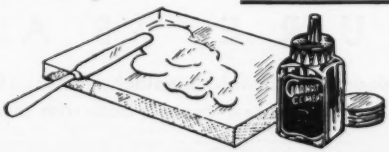
WRITE FOR FREE BOOKLET ON DURATONE

ITECO LABORATORIES, Portland, Oregon—Please send complete details about DURATONE.

Name ..... Address .....

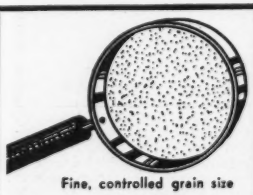
MIX IT SLOW  MIX IT FAST 

...always a smooth mix!



GARHART CEMENT

Few cements will take severe mixing treatment and come out smooth and free flowing in the end. But Garhart's cement will. Mix it slow or fast and you'll always get a smooth mix with no lumps, no clots, no granules, no gas. Garhart cement is a stable liquid that will not crystallize. It allows cool working with less shrinkage and is strong, dense, adhesive and enduring. Garhart cement comes in Light, Pearl-Yellow-Gray, Gold, Brown and Special (for porcelain restorations).



Fine, controlled grain size

Perfect seating inlays

Results—satisfaction that counts

GIANT SIZE

14 portions	$10.00
6 portions	5.00
1 portion	1.00

Priced alike for plain or supergermicidal Red Copper (25%). See your dealer or write for literature.

GARHART
Dental Specialty Company

Kendall Square
Cambridge, Mass.

Crescent SILVERLOY

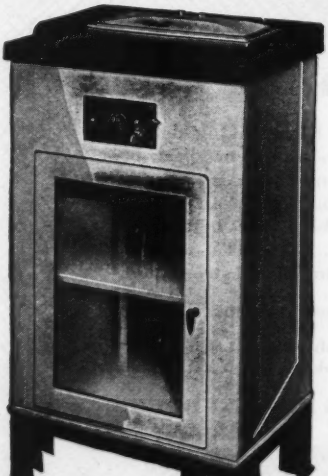
Reg. U.S. Pat. Off.

- **PERFECT IN FORM** *for true tooth sculptur*
- **WHITE & LUSTROUS** *for natural appearance*
- **UNIFORM** *for simplified amalga work*

Conforms to new Federal and ADA Specification

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

The lowest-priced, fully automatic steriliz



PROMETHEUS
ARISTOCRAT
$82.50

- Cast bronze boiler.
- Easy, convenient foot lift.
- Automatic cut-off saves current.
- Heavy cast porcelain top.
- Made in white and colors.
- See your dealer or send coupon for catalog.

PROMETHEUS ELECTRIC CORP.
401 W. 13th St., New York City
Gentlemen:
Please send me illustrated catalog on Prometheus Sterilizers.
Dr. .....
Address .....
Dealer .....

JUST SUPPOSE YOU WERE THE PATIENT!

UNDOUBTEDLY YOU WOULD DEMAND THE BEST.

The DENPRO Introductory Anesthetic Package at the small expenditure of $7.50 now makes it possible for all to learn by actual test why so many particular dentists and physicians prefer this particular Local Anesthetic. A complete Unit for making all injections at a saving of $4.25. And remember, past case histories prove that you can't be too particular in selecting your anesthetic solution.

CONTENTS OF INTRODUCTORY PACKAGE

50 Denpro Tubes	$ 4.25
1 Denpro Syringe (No. 1 short)	3.50
1 Doz. Rustless Steel Needles—1"	1.25
1 Doz. Rustless Steel Needles—1⅞"	1.75
1 Tube Surgical Dressing	1.00
TOTAL	$11.75
Introductory Package Price	7.50
THE SAVING IS	$ 4.25

A COUPON ENCLOSED IN EACH INTRODUCTORY PACKAGE ENTITLES YOU TO ONE DENPRO AUTOMATIC INDUCTION CHART—AUTHENTIC ANESTHETIC DATA ON ALL INJECTIONS "AT A GLANCE" ALSO A COMPLETE EXTENSION COURSE ON LOCAL ANESTHESIA BY MAIL—BOTH AT NO EXTRA COST.

FOR PROMPT DELIVERY—MAIL THIS COUPON TODAY

DENTAL PRODUCTS CO., 7512 Greenwood Ave., Chicago, Illinois

I am anxious to get 100% efficiency in my application of Local and Deep Block Anesthesia. Please send your complete unit at a saving of $4.25 as checked below. The "Automatic Chart" and "Extension Course" I am to receive at no extra cost.

Charge thru my dealer ..... Check Enclosed ..... Dr .....

..... Send C.O.D ..... Address .....

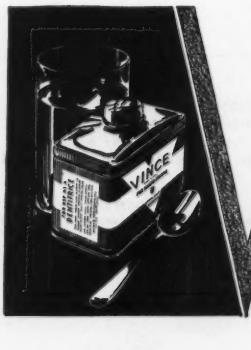
..... City & State .....

AN ORAL ANTISEPTIC

that finds its way around

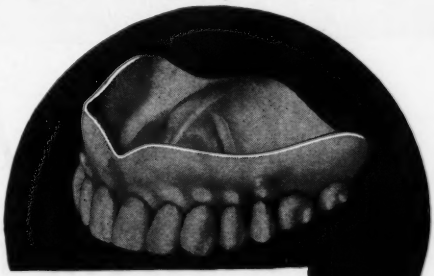
Used as a powder on the toothbrush, or as a paste for treatment of the gums, or as a solution for mouthwash and gargle, the nascent oxygen liberated by Vince finds its way where no liquid can reach. In a two per cent solution it is strongly antiseptic, yet it is pleasant, non-astringent and non-irritating. Trial supply on request.

Vince Laboratories, Inc., 117 West 18th Street, New York City.

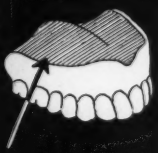


VINCE

1 *strong, beautiful rubber for the full denture!*



McCORMICK'S No. 8 Pink Base
(Featherweight)



as strong as a base rubber

as beautiful as a veneer

One rubber to take the place of two! Strong as a good base rubber —vital as a good veneer—these are the qualities of McCormick's No. 8 Pink Base.

Upon actual test and use in the mouth, McCormick's No. 8 Pink Base has proved that it fulfills every requirement.

Try McCormick's No. 8 for the full plate or use it as a base faced with McCormick's Blended Pink or plain veneers. Order from your dealer or specify to your laboratory.

This coupon will bring you a trial order of McCormick's No. 8 Pink Base.

E. J. McCormick Rubber Co.
Passaic, New Jersey
I am enclosing $1.00 for which kindly send me trial package of McCormick's No. 8 Pink Base Rubber.

Dr. .....
Address .....
City & State .....

More effective
CALCIUM THERAPY

DICALCIUM PHOSPHATE COMPOUND with VIOSTEROL SQUIBB assists in building strong tooth and bone structure in children and in protecting the teeth of pregnant mothers against calcium deprivation. By supplying calcium, phosphorus and Vitamin D in a ratio that assures utilization, it overcomes any deficiency of the diet in these factors.

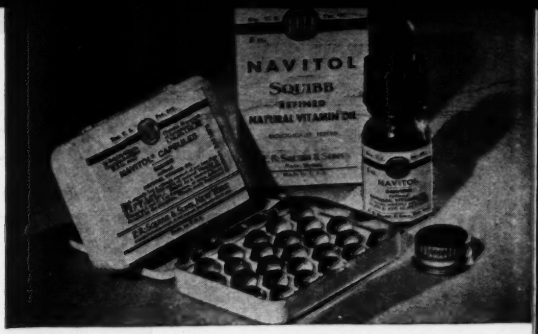
Dicalcium Phosphate Compound with Viosterol Squibb is available in both tablet and capsule form. Each tablet contains the equivalent of 2.6 gr. calcium, 1.6 gr. phosphorus and 660 units of Vitamin D (U.S.P. XI). They are supplied in boxes containing 51 pleasantly flavored tablets. Capsules are useful when nausea tends to restrict normal food intake or as a change from tablets when administration is continued for an extended period of time. Two capsules are equivalent to one tablet. They are available in bottles of 100.

Samples and literature will be sent to the Profession on request. Address Dental Department, 745 Fifth Avenue, New York City.

Dicalcium Phosphate Compound
with Viosterol Squibb

TABLETS • CAPSULES

E·R·SQUIBB & SONS



More economical
VITAMIN THERAPY

IN NAVITOL the dentist has available a product with the same Vitamin A and D potency as halibut liver oil with viosterol yet costs 40 per cent less. Nor is economy its sole advantage for this highly potent Vitamin A and D preparation supplies these factors in natural form. Numerous tests have demonstrated that natural Vitamin D is more effective—unit for unit—than irradiated ergosterol, so many dentists have turned once more to natural sources of Vitamin D.

Navitol is a blend of specially selected refined fish liver oils. It is convenient to use and effective in small volume dosage. Navitol contains per gram not less than 50,000 Vitamin A units and 10,000 natural Vitamin D units. Ten drops (or one 3-minim capsule) supply 8500 units of Vitamin A and 1700 units of Vitamin D (U.S.P. XI).

Navitol is available through your pharmacist as follows:

	List Price
5-cc. bot. of oil (with dropper) .	$ .60
50-cc. bot. of oil (with dropper) .	3.00
Box of 25 gelatin capsules . .	.75
Box of 100 gelatin capsules . . .	2.50

Descriptive literature upon request

NAVITOL SQUIBB NATURAL VITAMIN OIL

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

. . . for Rapid desensitizing

OF SOFT ORAL TISSUE, PULP OR DENTINE

BUTYN is a true topical anesthetic. It meets the dentist's exacting requirements. It is rapid in action, powerful, *non-irritating.*

The low-tension solvent brings about quick contact with nerve endings. The powerful 10% Butyn produces anesthesia of dependable intensity and suitably prolonged duration.

Butyn does not cause tissue slough or epithelial cell destruction.

Council-Accepted. Non-narcotic. Tinted to outline area of application. Agreeably scented; leaves no objectionable taste. ½-oz. $1.50. Complete literature on Butyn sent on request.

For preventing pain in:

- *making hypodermic needle punctures*
- *scaling and treating pyorrhea*
- *setting crowns, filling deep seated cavities, etc.*
- *cavity preparation*
- *removal of dental pulp*

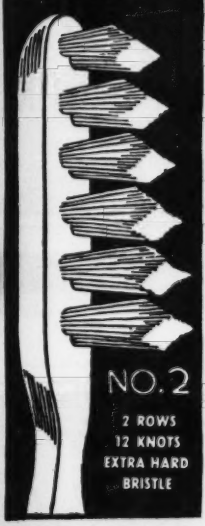
For deadening painful shreds of pulp after devitalization

For preventing gagging while X-raying or taking impressions of rear teeth

BUTYN TOPICAL ANESTHETIC

ABBOTT LABORATORIES • NORTH CHICAGO, ILLINOIS

DR. HARTZELL BRUSHES



1 3 rows, 25 tufts—medium hard bristle. A fine general purpose brush.

4 1 row, 7 tufts—extra hard and strong bristle. Intended for interdental use for adults.

5 All-purpose lingual surface brush strictly for scouring the lingual surfaces.

6 Lingual surface brush for right or left inside of arch. Bristles set at correct angle.

7 Keystone head set to angle for inside of arch stimulation. Extra stiff bristles.

9 Designed to envelop distal surfaces caused by extraction. Makes back surface cleaning possible.

The new improved Dr. Hartzell Tooth Brushes lead the modern trend in design and are intended to aid in the prevention of pyorrhea and tooth decay.

■

Each Dr. Hartzell Tooth Brush is scientifically designed for specific use.

The Owens Staple-Tied Brush Co., Toledo, Ohio, U. S. A.
Enclosed is.....for which send me (one only) Dr. Hartzell brush No....., also complete information. (Sample of any brush 25c, except No. 6 which is 35c.) O. H.
Dr.....
Street..... City..... State.....

FREE
with Coupon—

This $3.00 Vortex DISPENSER and Cup Holder

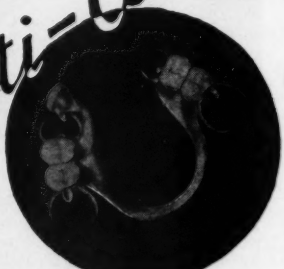
Can you think of anything costing so little that can mean as much in gaining and holding the respect of your patients? Vortex now makes two kinds of paper Dental Cups, the Vortex (cone-shaped, opposite) and the Trophy (flat-bottom type, below). Both types are specially made for dental offices and hold alcoholic solutions indefinitely. Note special deal on Vortex Dispenser and Cup Holder below. Ask about Trophies if you prefer flat-bottom type.

TROPHY
Flat-Bottom
Dental Cup

Vortex CUP COMPANY
421 N. Western Ave. • Chicago, Illinois
IN CANADA: The Vortex Mfg. Co. Canada, Ltd. Toronto, Ontario

VORTEX CUP COMPANY 421 N. Western Ave., Chicago, Ill
☐ Please send.....thousand Vortex cone-shaped Dental Cups at $2.65 per thousand. It is understood that with these cups I am to receive a $3.00 mahogany finished dispenser and Allegheny metal cup holder FREE Prices in Canada and foreign countries on request.
☐ Please send facts and prices covering Trophy (flat-bottom) Dental Cups and Dispensers.
Name and address.....
City and State.....
My Supply House is.....

Make it with Multi-Cast



WHEN Multi-Cast first made its appearance the profession was skeptical of a gold at so moderate a price. Dentists failed to realize that its price was due to the low market for platinum and palladium. Now after thirty months its place in dentistry has been established as born out by the fact that today Multi-Cast is the largest selling casting gold on the market.

And you, have *you* tried Multi-Cast yet? Do *you* know how light, how beautiful, how strong it is? Do *you* know how adaptable it is—for inlays, for fixed bridgework, for partials? And do *you* know how moderate are the prices of gold restorations made of Multi-Cast?

Once you learn all these things you, too, will instruct your laboratory to "Make it with Multi-Cast." Over 250,000 cases in service today indicate the great popularity of Multi-Cast with the profession. Multi-Cast sells for $1.40 dwt., retail.

DAILY DENTAL PROPHYLAXIS

MANY patients still need fundamental advice on the simple rules and technic of dental prophylaxis.

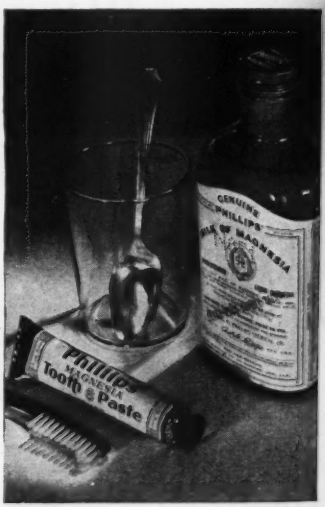
The manufacturers of Phillips' Milk of Magnesia render your task of instruction a simple one by providing a most rational means of (1) cleansing the teeth and gums, and (2) alkalinizing the mouth.

THE SUGGESTED REGIMEN

1. Phillips' Magnesia Tooth Paste used to keep the teeth clean and free from acid.

2. Phillips' Milk of Magnesia used daily as a mouth antacid to combat local acidity.

3. Phillips' Milk of Magnesia taken internally to combat acid eructations from "sour stomach."



For PROLONGED ANTACID EFFECT

PHILLIPS' Milk of Magnesia Tablets. Pleasant-tasting, mint-flavored, may be chewed slowly to give prolonged antacid action.

PHILLIPS'
Milk of Magnesia

Prepared only by
THE CHAS. H. PHILLIPS CHEMICAL CO.
NEW YORK

Protects your burs from dirt and dust

You will be delighted with the convenience, the smartness, the dignity of this new one-gross case. Made of Trolitul, a modern molded material, this good-looking stand has a transparent cover which allows you a clear view of your burs. The cover lifts off easily. The assortment of burs, the same fine Busch Burs that thousands of dentists use, contains 8 dozen plain and 4 dozen cross cut fissure. You can see this handsome case on display at your dealer's. A. Pfingst, Bible House, New York.

BUSCH BURS
"Quality at Low Cost"

3 OUTSTANDING F

exclusive with N

Novocain...1904 The Cartridge System...1920 Cobefrin...

THREE outstanding developments in the history of l... anesthesia since 1901. And, only in Novocain with Cobefrin can you possess the satisfaction of knowing that you are using the local anesthetic that combines all of them.

You can possess the certainty in anesthetic action with the minimum of toxicity afforded by the original Novocain... efficiency and economy of the original "Carpule" cartridge system. Finally, only in Cook or R. B. Wale cartridges will you obtain Cobefrin, which combines an efficient local action with a margin of safety that assists in avoiding complications due to abnormalities and neurotic conditions.

For your satisfaction, and to further gain the confidence of your patients, normal and abnormal alike, order it here... Novocain with Cobefrin today. Supplied in impermeable rubber stoppered cartridges — boxes of 10 and 100.

COOK LABORATORIES, INC.
The ANTIDOLOR MFG. COMPANY, INC.
170 VARICK STREET NEW YORK, N. Y.
Laboratories: Rensselaer and Springville, N. Y.

Carpule or R.B.Wale

...or epinephrin are scientific... and and constant pH non-irri...

Novocain, Reg. U. S. Pat. Off., Winthrop Chemical Company, Inc., Brand of Procaine HCl.

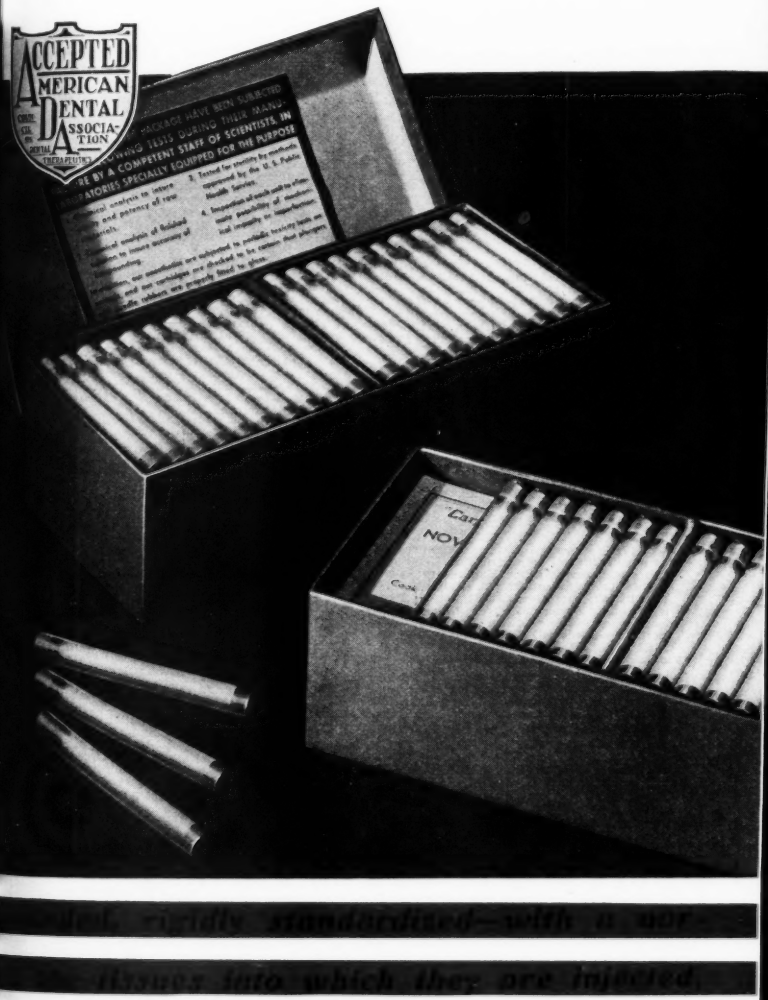
Cobefrin, Reg

NG

ith

FEATURES

NOVOCAIN *with* COBEFRIN



Cobefrin, Reg. U. S. Pat. Off., Winthrop Chemical Company, Inc., Brand of Nordefrin.

WANT ADS

ORAL HYGIENE is mailed monthly to every dentist whose name can be secured. The present actual circulation averages 69,000 copies.

This page is restricted to help and positions wanted, practices wanted and practices for sale. Copy from advertising dentists is not acceptable. The rate is 10c per word, initials and figures each counting as a word, each initial and figure of the address also counting as a word. Minimum charge $2.00.

Copy must be in the hands of publisher by first of month preceding date of publication. Cash should accompany all orders—ORAL HYGIENE, 1005 Liberty Ave., Pittsburgh, Pa.

POSITION WANTED: Dental technician, twelve years experience; all around man. Excellent references. Ted Manson, 438 Crestwood, Akron, Ohio.

WANTED to buy for cash, dental practice in Virginia or North Carolina. "WV" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: Reliable operator, licensed Oklahoma, good personality, state age, experience, salary. Dr. Price, 222½ West Commerce, Oklahoma City, Okla.

DENTAL HYGIENIST, experienced, assistant and clerical, desires position, preferably in New England. "EL" Oral Hygiene, Pittsburgh, Pa.

WILL PAY cash for practice near Chicago in Illinois. "DT" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Providence, R. I. Two chair office, very refined clientele. Excellent opportunity for Providence man. Must have fifteen hundred cash. Reason for selling, two offices, overwork. "L" Oral Hygiene, Pittsburgh, Pa.

POSITION WANTED by dental technician, fifteen years experience here and abroad; neat, conscientious all around worker, artistically inclined. "HC" Oral Hygiene, Pittsburgh, Pa.

DENTIST, twenty years experience, retiring, will sell modern fully equipped, two chair dental office; laboratory; x-ray. Adjoining living apartment available. Long established, lucrative cash practice. Population fifty thousand; year round mountain resort city, western North Carolina. Terms considered. "P" Oral Hygiene, Pittsburgh, Pa.

NEW JERSEY licensed dentist, hospital experience, desires association with dentist retiring; with intention to buy practice if in metropolitan area. "K" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Lucrative practice, attractive, completely equipped, modern dental office in Illinois. Priced to sell. Cash only. "GJ" Oral Hygiene, Pittsburgh, Pa.

DENTAL TECHNICIAN, A-No. 1 ceramist and gold, desires position with high class laboratory. Can produce highest quality porcelain bridges and jackets. "X" Oral Hygiene, Pittsburgh, Pa.

DENTAL NURSE desires position in office. V. Temple, 319 Llanerch Ave., Llanerch, Pa.

WILL BUY a two or three chair office; location must be suitable for an advertiser in either large or small city in Ohio, Pennsylvania, or Illinois. Doctor Davis, 164 South Main St., Akron, Ohio.

POSITION WANTED: Registered Pennsylvania dental hygienist, graduate of University of Pennsylvania. Public school experience. Immediately available. References. "ES" Oral Hygiene, Pittsburgh, Pa.

DENTAL MECHANIC many years experience from A to Z all types dentures and bridge work. Export in designing and casting Akers and Roche. "N" Oral Hygiene, Pittsburgh, Pa.

Selling Chicago "loop" office; fifteen years theatre district. Ritter equipment also laboratory; reasonable rent, exclusive lease, three windows on busy street. Cheap —cash—no terms; retiring. "J" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Chicago practice, established eleven years. Ritter equipment, CDX x-ray. Low rent. Unusual opportunity for recent graduate. Price eighteen hundred dollars cash. Will invoice more. "S" Oral Hygiene, Pittsburgh, Pa.

Practices sold and furnished. Positions. All states. Established 1904, F. V. Kniest, 1537. S. 29th St., Omaha, Nebr.

SELLING YOUR PRACTICE? Why not also use the classified columns of The Dental Students' Magazine? Circulation 11,500 includes all dental students in U. S. A. and Canada, together with 3500 recent graduates of 1934 and 1935 of whom are now looking for a location such as you have to offer. Rates $2.00 for 50 words or less, cash with order. Address Dental Students' Magazine, Palmolive Bldg., Chicago, Ill.

DEELASTIC

HYDRO COLLOID

Impression Material

Single Tube 50c
3 tubes $1.40
12 tubes 5.00

SMOOTH - TOUGH - UNIFORM

Deelastic has every desired property, a superior material that provides for an accurate reproduction of every undercut in true relation to soft tissue.

You will enjoy taking impressions for partials with DEELASTIC and the ROACH IMPRESSION UNIT

YOUR DEALER CAN SUPPLY YOU

THOMAS J.

DEE & CO.

REFINERS MANUFACTURERS PRECIOUS METALS 55 EAST WASHINGTON ST CHICAGO

A REAL OPPORTUNITY

$1.50*

AN OUNCE

The price of silver is down.

A compensating decrease has been made in the price of Lee Smith Keystone Alloy to $7.50 for a five ounce bottle—only $1.50 an ounce.

Any advance in the price of silver will cause an advance in this low price for Keystone Alloy.

Now is the time to buy.

Lee Smith Keystone Alloy is now furnished in a cut which will work in your alloy-mercury proportioner.

*Price subject to change without notice.

LEE S. SMITH & SON MFG. CO. 4OH36
7325 Penn Ave., Pittsburgh, Pa.

Send me —— five ounce bottles of Keystone Alloy. (Five ounces $7.50; ten ounces $14.20)

Name .....

Address .....

Dealer .....

Coupon good only in the United States.

ADVERTISING INDEX

Who's Who and Where

Although we aim for accuracy in this index, last minute changes often alter page numbers and positions of advertisements.

Abbott Laboratories 582
Aderer, Inc., Julius 585
Alaska Steamship Company 531
American Can Company 540
American Printing Specialty Co. 590
Anacin Company 546
Antidolor Mfg. Company 588-89
Atlantic Rubber Mfg. Company 559

BiSoDol Company 538
Bosworth Co., Harry J. 541
Brady Company, George W. .. 543
Bristol Myers Company 469-4th cover
Buffalo Dental Mfg. Company.. 554
Burns Dental Casting Machine Co. 541
Burton Manufacturing Company 567
Butler Company, Dr. John O... 555

Calsodent Company 467
Campho-Phenique Company.... 531
Castle Company, Wilmot 584
Caulk Company, L. D. 464
Chicago Wheel & Mfg. Co. 466
Cleveland Dental Mfg. Co. 2nd cover
Columbia Dental X-ray Corp... 541
Columbus Dental Mfg. Company 460
Cook Laboratories 588-89
Congoleum-Nairn, Inc. 457
Corega Chemical Company ... 561
Crescent Dental Mfg. Co. .. 555-576

Dee & Company, Thomas J. 591
Dental Plastics Company .. 541-584
Dental Products Company 577
Dentists' Supply Co. ... 534-535-545
Denver Chemical Company 550
Detroit Dental Mfg. Company.. 468
Dewey School of Orthodontia .. 575
Doherty Rubber Works, Eugene 575
Drucker Company, August E. .. 596
Dumore Company 544

Enamodent Labys. Inc. 544

Fasteeth, Inc. 589
Fink-Roselieve Company 565
Fischer & Company, Inc., H. G. 547
French & Company, Samuel H, 584
Forhan Company, Inc. 462-463

Garhart Dental Specialty Co. .. 574
General Electric X-Ray Corp. .. 470
Glazbrook Bros. 552
Goldsmith Bros. S. & R. Co. ..... Insert—opposite page 525

Harper, Doctor William E. 555
Hotel Clark 532
Hotel Webster 532
Hu-Friedy Manufacturing Co. .. 592

Indexo Finger Tooth Brush, Inc. 592
Iteco Laboratories 572-573

Jelenko Company, J. F. 562-563
Johnson & Johnson 453

Kelly-Burroughs Laby. 568
Kilgallon Dorsey Company 543
Kings Specialty Company .. 543-550
Knox Gelatin 557
Kolynos Company 533

Lambert Pharmacal Company .. 465

McCormick Rubber Co., E. J. .. 579
Masel Dental Laboratory 537
Merck & Company 539
Minimax Company 542
Mizzy, Inc. 528-529
Moyer Company, J. Bird 530

National Biscuit Company 461
Ney Company, J. M. 527
Nitrosol Company 559
Northam Warren Sales Co., Inc. 571
Nu-Dent, Inc. 584
Num Specialty Company 552

Occy-Crystine Corp. 565
Odorono Co. 571
Owens Staple Tied Brush Co. .. 583

Parisien Chemical Company ... 568
Patterson-Wagner Corp. 530
Pelton & Crane Company 536
Pensak Laboratories, Dr. Julius 584
Pfingst, A. 587
Phillips Milk of Magnesia 586
Porcelain Dental Laby. 530
Professional Printing Company 541
Professional Manufacturing Co. 575
Prometheus Electric Corp. 576

Ransom & Randolph Company 564
Roberts Rubber Co., Weldon .. 559

Sharp & Dohme 551
Silv-O-Dent Company 568
Smith & Son Mfg. Co., Lee S. .. 593
Specialty Products Company .. 585
Spyco Smelting & Refining Co. ..... 3rd cover
Squibb & Sons, E. R. .. 548-9, 580-1

Takamine Corp. 459
Torit Mfg. Company 552
Tru-Bristle Brush Co. 537

Union Film Company 568
Universal Dental Co. 558

Vibro Dental Products, Inc. ... 553
Vince Laboratories 578
Vortex Cup Company 583

Wallace & Tiernan Products, Inc. 582
Warner Company, William R... 570
Wernet Dental Mfg. Company Insert
White Laboratories 566
White Dental Mfg. Co., S. S. .. 458
Williams Gold Refg. Company .. 595
Wisconsin Alumni Research Foundation 556
Winthrop Chemical Company .. 560
Wright & Company, E. T. ... Insert

Young Dental Mfg. Company .. 550